

Approved



**Ukraine**

**Operational Plan Report**

**FY 2013**

Note: Italicized sections of narrative text indicate that the content was not submitted in the Lite COP year, but was derived from the previous Full COP year. This includes data in Technical Area Narratives, and Mechanism Overview and Budget Code narratives from continued mechanisms.



## Operating Unit Overview

### OU Executive Summary

#### Country Context

Ukraine is experiencing one of the most severe HIV/AIDS epidemics in Europe and the Commonwealth of Independent States (CIS), with an estimated 230,000 people aged 15 and over living with HIV at the end of 2011. In 2011, the HIV prevalence in adults aged 15-49 in Ukraine was estimated at 0.76%. Only slightly more than 124,000 patients with HIV/AIDS were under regular medical observation. Considering the overall estimation of people living with HIV, this suggests that a significant proportion of people with HIV are unaware of their status, and therefore unable to take adequate measures to preserve their health or prevent further transmission. Although the evidence suggests that incidence among people who inject drugs (PWID) is declining, the number of newly reported HIV cases in the country continued to increase annually from 1999 through 2011, largely due to transmission to sex partners and diagnosis of long standing infections as people developed immunosuppression. In 1999, there were 5,827 newly registered HIV cases, in 2010 - 20,489, and in 2011 - 21,177. The majority of reported cases to date have been among PWID and the prevalence of HIV infection is significantly higher among PWID than in any other at-risk population, including female sex workers (FSWs) and men who have sex with men (MSM).

The HIV epidemic is, however, evolving. Annually since 2008, more than half of newly registered HIV cases (excluding HIV-exposed infants) have been attributed to heterosexual transmission and the proportion of cases among PWID has progressively decreased. However, there is indirect evidence that the majority of heterosexual cases occur among sexual partners of current or former injection drug users. In 2012, a small decrease in cases to 20,754 was reported, marking the first annual decrease since 1999. The plateauing in reported cases supports that the bulk of individuals infected during the early wave of the epidemic have been diagnosed and current transmission has been partially controlled.

The impact of Ukraine's HIV epidemic is exacerbated by a parallel tuberculosis (TB) epidemic. TB is the leading opportunistic infection associated with AIDS morbidity and mortality. According to the Ukraine Harmonized AIDS Response Progress Report (2012), in Ukraine in 2011, TB was diagnosed in 5,745 cases (or 62.5%) of 9,189 new AIDS cases while WHO reports that 19% of the 31,776 TB patients tested for HIV were HIV-positive.



There are many factors that exacerbate the HIV epidemic in Ukraine or undermine the national HIV/AIDS response. Insufficient and uneven government leadership combined with the low capacity to develop and ensure implementation of HIV programs targeting key populations is a major impediment. There is insufficient budgeting and financing to deliver HIV/AIDS services and available resources are often ineffectively used. A highly verticalized health model is focused on tertiary care instead of outpatient services and primary care and prevention, and there are inadequate human resources for health to meet National AIDS Program objectives. Other issues include national procurement and supply management systems that do not meet international standards, high levels of stigma and discrimination against key populations and people living with HIV (PLHIV), and issues related to gender, particularly access to services for women. In addition, Ukraine's protracted economic crisis undercuts the country's ability to adequately finance a sustained National AIDS Program.

The Government of Ukraine (GOU) has recognized the importance of addressing the HIV epidemic, and there is growing support for strengthened HIV/AIDS programs from both the executive and legislative Branches of the GOU. For example, in January 2011, the Ukrainian Parliament voted overwhelmingly for the new HIV law which removes travel restrictions for PLHIV and supports needle exchange, medication assisted treatment (MAT), and the provision of HIV/AIDS services by non-governmental organizations (NGOs). In May 2011, President Yanukovich issued an executive order to combat drug use and regulate the introduction of MAT for drug users in Ukraine and to ensure their social rehabilitation. In a December 2012 executive order, the President tasked both central and local governments to take increased measures to control and prevent HIV/AIDS, TB and hepatitis in consultation with civil society and international development partners.

The Ministry of Health (MOH) is legally responsible for coordinating the national HIV/AIDS response, the details of which are laid out in the National AIDS Program. The MOH chairs the National Council for HIV/AIDS and TB that acts as the Country Coordination Mechanism (CCM) for the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). In support of its HIV programs, Ukraine is currently implementing the GFATM Round 10 Grant, with a total estimated budget of \$300 million for the period January 2012 through December 2016. Activities under Round 10 expand upon the work of previous rounds, adding a considerable element of health systems strengthening and de-centralization of HIV/AIDS services. The PEPFAR program in Ukraine leverages the considerable resources provided by the GFATM for HIV/AIDS prevention, care and treatment activities for key populations and TB/HIV co-infection.

Recently there have been a number of changes within the MOH regarding the coordination and management of the national HIV/AIDS response. In late 2012, the Ukrainian AIDS Center (UAC) - which was responsible for the technical guidance, implementation, monitoring, surveillance and epidemiologic



research of HIV/AIDS programs - merged with the MOH National TB Center to form a new agency: the Ukrainian Center for Socially Dangerous Disease Control. This agency is responsible for the technical guidance, implementation, monitoring, surveillance and epidemiologic research of the national AIDS program. This role is different than that of the existing State Service of Ukraine to Counteract HIV/AIDS and Other Socially Dangerous Diseases. This agency reports to the Cabinet of Ministry of Ukraine via the Minister of Health and continues to be the central executive power body responsible for the development and implementation of the national policy on counteracting HIV/AIDS and other socially dangerous diseases (primarily tuberculosis).

The United States Government (USG) is Ukraine's largest bilateral partner in HIV/AIDS, and has maintained a strategic dialogue and collaborative development agenda with the GOU, at the national and local levels. Partners include the bilateral Strategic Partnership Commission, resource councils, working groups, civil society organizations, and more recently, the private sector. This partnership deepened in February 15, 2011, when the Cabinet of Ministers of Ukraine represented by the Minister of Foreign Affairs signed a five-year HIV/AIDS Partnership Framework with the USG's Ambassador to the Office of the United States Global AIDS Coordinator (OGAC) in the U.S. Department of State in Washington, D.C. The Partnership Framework spans the period 2011 – 2015. The Partnership Framework was reviewed by nine Ukrainian ministries and represents a consensus viewpoint on HIV/AIDS within the GOU and with the USG. Through the signing of this document, the two governments agreed to a five-year joint strategic agenda, in collaboration with other stakeholders, to scale up and sustain key components of HIV/AIDS programming in support of Ukraine's national HIV/AIDS response.

Through the Partnership Framework, the USG is building upon its bilateral investments to date while enhancing the alignment of HIV/AIDS assistance with investments from other key stakeholders such as the Joint United Nations Programme on HIV/AIDS (UNAIDS), GFATM, the Clinton Foundation, the International Renaissance Foundation, the World Health Organization (WHO), and other United Nations agencies. PEPFAR Ukraine strives to make optimal use of civil society and the private sector to expand program reach and scope. Key coordination mechanisms between the GOU, USG, multilateral partners, and other donors include the CCM and Partnership Framework coordination meetings.

### PEPFAR Focus in FY 2013

The following is a summary of PEPFAR Ukraine's top FY 2013 priorities as aligned to its three Partnership Framework Objectives. A full description of objectives and activities is provided in subsequent sections of this Executive Summary.

1. Reducing HIV transmission among key populations: PEPFAR Ukraine will continue to develop models for the delivery of evidence-based prevention services to key populations. These include



comprehensive prevention service packages, MAT integration, and positive prevention services.

2. Improving the quality and cost effectiveness of HIV prevention, care, and treatment services for key populations: PEPFAR Ukraine will continue to develop models for the delivery of state-of-the-art, comprehensive HIV/AIDS service delivery to key populations. Other areas of focus include strengthening the national and regional blood safety program, antiretroviral therapy (ART) system, and the control of HIV/TB co-infection.

3. Strengthening health systems, leadership, institutions, policies, and resources to support the achievement of national AIDS program objectives: During FY 2013, PEPFAR Ukraine will redouble its focus on strengthening country ownership of the national HIV/AIDS response. Areas of focus include health care financing, human resources for health (HRH), the removal of policy barriers to services, and strengthening the capacity of the Global Fund Round 10 Principal Recipients (PRs). These include the Ukrainian Center for Socially Dangerous Disease Control, which will assume principle recipient (PR) responsibilities for the Round 10 HIV and possibly Round 9 TB Grant in 2013. Technical assistance will also focus on strengthening procurement and supply management systems, laboratory networks, and data quality for informed decision-making. Other areas of assistance include the reduction of stigma within the public sector and building the media's ability to accurately report on HIV/AIDS.

The activities within Ukraine's FY 2013 Country Operational Plan (COP) largely build on and expand those from the FY 2012 full COP. There are a few new mechanisms in this year's COP that will be funded via previous years' pipeline funding. These include a pilot project within Chernigiv Oblast to manage and finance basic HIV testing and counseling (HTC) through integration into primary health care systems. PEPFAR Ukraine will also provide technical assistance to address specific policy barriers to MAT and HTC expansion, and to assist with the development of the next phase (2014-2018) of the National AIDS Program, including its five year implementation plan. PEPFAR Ukraine is also allocating resources for midterm evaluations of two of its major HIV prevention projects. In addition, most implementing mechanisms ("TBD"s) will be awarded during calendar year 2013 with scaled-up project implementation by the time FY 2013 funds are available. New participation in a central mechanism for strategic information activities will provide focused technical assistance to the Global Fund PRs.

Ukraine's FY 2013 COP also responds to other priorities outlined in the Ukraine Funding Allocation Memo. The previous COP had a number of implementing mechanisms that were not yet awarded and as a result, targets and indicators had not been developed. For the projects awarded after the submission of the FY 2012 COP, appropriately disaggregated targets and indicators are included. Also, PEPFAR Ukraine is in the process of recruiting a PEPFAR Coordinator. Now in the second round of advertisement, the selection committee is interviewing qualified candidates. With regard to portfolio reviews, in FY 2013,



PEPFAR Ukraine held a series of interagency technical meetings in advance of the COP 2013 development process to examine in detail potential gaps in program implementation. This built upon the FY 2012 portfolio review during which agencies met with implementing partners to examine project performance and results monitoring. With regard to monitoring political and donor imperatives, PEPFAR Ukraine's role on the CCM and participation in technical working groups allows it to keep abreast of and respond to salient and emerging issues. The USG is making significant investments to assist the GOU with a new, evidence-based National AIDS Program with increased host country ownership. Finally, PEPFAR Ukraine does not intend to apply for key populations and implementation science research funds. Implementation science research is included in a number of awards, and there is sufficient funding in current awards to address priority key population issues.

### Progress and Future

PEPFAR Ukraine's FY 2013 COP is designed to contribute to the achievement of the USG's Partnership Framework. As Ukraine is a country categorized by PEPFAR as a technical assistance model, this includes strategies and interventions to strengthen health systems and promote an improved legal and regulatory framework. As described in the proceeding section, interventions are carefully designed to promote the sustainability of the National AIDS Program and contribute directly to each of the Partnership Framework's three objectives.

On December 5, 2012, following the approval of PEPFAR Ukraine's HIV/AIDS Strategy for the period 2011 – 2015, the USG held its first Partnership Framework Stakeholders meeting. The meeting's overall intent was to examine performance against objectives and results monitoring. PEPFAR Ukraine worked closely with UNAIDS to maximize the meeting's utility within the context of Ukraine's own strategic planning for the national HIV/AIDS response. As such, the meeting was held conjointly with a two day national stakeholders' conference to address the development of the next phase of the National AIDS Program for the period of 2014 - 2018.

PEPFAR Ukraine intends to hold Partnership Framework stakeholder meetings on an annual basis. Throughout the year, the USG will continue to work in close collaboration with stakeholders, such as during the development of the National AIDS Program's new strategic and implementation plan, and in numerous national technical working groups.

Strengthening the GOU's ownership of the national HIV/AIDS response is a priority for PEPFAR Ukraine. In summary, the main challenges faced by the National AIDS Program include the need for the GOU to assume greater responsibility for HIV prevention, care, and treatment services for at-risk populations, resolution of the ongoing tension between public health and drug control approaches, and an approach



for state institutions to address key issues around accountability. FY 2013 COP programming addresses each of the challenges.

In order to strengthen country ownership of the national HIV/AIDS response, in FY 2012, PEPFAR Ukraine made significant progress to award and start-up several projects designed to provide technical assistance in HIV/AIDS and drug dependence services. Activities include the development of service delivery models, improved data use for evidence-based programming, and systems strengthening for ART. Another newly-issued project initiated engagement among the MOH, State Drug Control Service, and Ministry of Interior to help address long-standing tensions between these government bodies, and to help create more productive multi-sectoral participation within and support to the National AIDS Program. In addition, follow-on awards were issued for continued assistance in public sector procurement, supply management and for technical assistance in TB/HIV.

With regard to PEPFAR Ukraine's trajectory in FY 2014 and beyond, particular emphasis will be on the provision of resources and assistance to ensure that the next phase of the National AIDS Program reflects an evidence-based, data-driven strategy, targeting at-risk populations, and seeks potential opportunities from health care reform. Working under the assumption of reduced future Global Fund support, PEPFAR Ukraine assistance will focus on health care financing, HRH, systems strengthening, and multi-sectoral leadership development. This includes advocacy and assistance to drug control and law enforcement agencies, facilitating their full participation in the National AIDS Program.

As the newly-formed agency responsible for the technical guidance, implementation, monitoring, surveillance and epidemiologic research of the national AIDS and TB programs and a Global Fund PR, the Ukrainian Center for Socially Dangerous Disease Control will continue to receive extensive support from PEPFAR Ukraine. This includes technical assistance to strengthen HIV laboratory networks, data use, procurement and supply management, and ART systems. Other assistance will be available to strengthen specific areas in organizational development, as requested.

PEPFAR Ukraine will continue to provide technical assistance to the governmental sector and civil society to strengthen evidence-based service delivery models for comprehensive, quality HIV/AIDS and drug dependence services. This includes increasing access to and demand for services by specific targeted audiences, including for segments within at-risk populations and by sex. These models will focus on the continuum of services, with linkages between prevention, care, and treatment, to MAT, and to other health sector services.



## Program Overview

The following is an overview of PEPFAR Ukraine's FY 2013 major program areas. This includes major initiatives or interventions, any significant changes since the last year in each area, and any planned new procurements.

### 1. Host Country Capacity and Systems Development

In response to PEPFAR Ukraine's top priority of strengthening Ukraine's ownership of the National AIDS Program, FY 2013 programs will focus on host country capacity and systems development. Specifically, this addresses health care financing, HRH, the removal of barriers to services, and strengthening Global Fund Round 10 Prime Recipient (PR) and civil society capacity.

**Health care financing:** Although Ukraine is in the process of implementing health care reform, progress is hampered by the lack of delivery mechanisms, financing, and capacity required to realize these reforms. PEPFAR assistance represents a key investment to strengthen health care financing and reform in the area of HIV-related services, as well as the sustainability, efficiency, and effectiveness of the National AIDS Program. Health care financing investments are a new area of support in PEPFAR Ukraine's FY 2013 COP. There is one new activity planned that will focus on the integration of HIV testing and counseling services into primary health care in the Chernigiv Oblast and a health financing element incorporated into an existing TBD mechanism ("Health Systems Strengthening for a Sustainable HIV/AIDS Response").

Technical assistance from PEPFAR Ukraine will promote optimized and increased financing for critical prioritized HIV/AIDS services to key populations, with improved budget execution at the national level and within up to ten high priority regions. This assistance aims to achieve active and meaningful involvement with top and middle management in the Ministry of Finance, as well as close collaboration with regional and local administration finance and planning departments, public health departments, and local health provider managers.

PEPFAR Ukraine will provide assistance to the GOU via its HIV/AIDS financial strategy to absorb costs once the Global Fund grants are completed in 2016 and PEPFAR and other donor funding diminishes. Technical assistance will support the development, endorsement, and implementation of the financial strategy by the GOU and stakeholders by March 2015. This includes addressing the overreliance on external donor funding for HIV services for key populations (e.g. outreach prevention; HTC; MAT; behavior change communications). Technical assistance will help create mechanisms, tools, technical,



and operational capacities in key GOU, NGO, and private sector stakeholders for central, state, and local government resource allocation and disbursement.

PEPFAR Ukraine will also assist with the development of a knowledge sharing and communication strategy for performance-based resource allocation and funding. Technical assistance will support the removal of financial barriers to the scaled-up delivery of comprehensive HIV/AIDS services for the key populations at national and decentralized levels.

PEPFAR Ukraine will also support the piloting of a new model to manage and finance basic HIV services, and specifically HTC, through integration into primary health care in selected areas in Chernigiv Oblast. It will be complemented by the development of relevant human resources management and supervision for primary health care doctors and nurses in the selected sites. In addition, the oblast will assess the current capacities and functional workload of the existing network of HTC service delivery points and calculate the actual costs of service delivery for the whole network. The WHO Ukraine office will also be closely involved in this pilot activity.

Human resources for health: PEPFAR Ukraine will invest significant resources to optimize and strengthen HRH for the delivery and scale up of HIV/AIDS services targeting key populations. Priority services include ART, MAT, HTC, and outreach prevention, and will be delivered via tested service delivery models. Activities will inform and influence GOU health care reform plans in relation to HRH and the provision of essential and comprehensive HIV/AIDS services, but be able to operate notwithstanding the overall progress of the reform process and outcomes.

Human resources for health activities represent a continuation of activities within the FY 2012 COP but with one new planned procurement ("Support to the National AIDS Program Design and Implementation of MAT"). One aim of this activity is to assist with the development of the next phase of the National AIDS Program, including a costed five-year national implementation plan.

At the national and decentralized systems level, assistance will build local public sector capacity for HRH planning and implementation of comprehensive HIV/AIDS services. This support will be provided within national institutions and in up to ten high priority regions. Technical assistance will address HRH rationalization options for comprehensive community- and facility-based HIV services to key populations within the context of health reform, with models piloted, endorsed nationally, and rolled-out. Assistance will also address incentive schemes and task-shifting options for health staff that provide critical HIV services for key populations. PEPFAR Ukraine will also support the development of the HRH National Strategy and Operational Plan(s) for the new 2014-18 National AIDS Program. This will include city- and oblast-level operational plans developed for the targeted high priority regional AIDS programs.



Assistance also includes the development and rollout of a Human Resource Information System at the national level and within targeted geographic regions. Another priority is supporting national and decentralized knowledge sharing and communication strategies for performance-based HRH to enhance the expanded delivery of comprehensive integrated HIV/AIDS services. PEPFAR Ukraine also intends to build the capacity of a local NGO and/or private company to provide state-of-the-art technical assistance and capacity building in HRH planning and implementation. This entity will then be able to receive awards directly from the USG and other donors.

PEPFAR Ukraine will continue to provide capacity building assistance for health care staff of the national and regional AIDS centers, local healthcare workers, laboratory specialists, epidemiologists, M&E specialists, and community and civil society organization (CSO) social workers. Technical areas of focus include TB/HIV, ART, comprehensive services for at-risk populations, MAT, epidemiology and the use of data for decision making, laboratory strengthening, blood safety, and procurement and supply management.

Removing barriers to services: PEPFAR Ukraine will continue to support evidence-based HIV policy programming and implementation to remove barriers to services. Assistance in this area will advance critical policies for essential HIV/AIDS services to key populations, with focus on ART, MAT, HTC, and outreach prevention. Interventions under this component include various forms of technical assistance, training, capacity building, and mentoring and supervision.

Activities under this area are largely a continuation of those in the FY 2012 COP, but with one new planned activity ("Support to the National AIDS Program Design and Implementation of MAT"). One of the aims of this activity is to remove policy barriers in the implementation of Ukraine's HIV Law, specifically with regard to MAT and HTC scale-up. Once awarded, the new health systems strengthening project will assume the role of providing technical assistance to implement the new National AIDS Program and key HIV/AIDS policies.

Capacity development of PRs: PEPFAR Ukraine will continue to support interventions to strengthen the capacity of the PRs that receive funding under the Global Fund Round 10 grant. One of the major challenges facing the successful implementation of the Round 10 grant is the ability of PRs to meet international standards in programming and management. Of particular interest is support to the newly established Ukrainian Center for Socially Dangerous Disease Control. Recently formed from the merging of the MOH UAC and the National TB Center, this organization is key to the successful implementation of Global Fund Round 10 HIV and Round 9 TB grants. PEPFAR Ukraine assistance will be used to strengthen the Ukrainian Center for Socially Dangerous Disease Control's capacity to enhance their



organizational development and management, to manage sub-recipients, to manage and improve the national M&E system, to implement ART clinical management and monitoring, and to meet international standards in procurement and supply management.

PEPFAR Ukraine also supports Global Fund PRs to increase the quality, availability, and delivery of HIV/AIDS service delivery to at-risk populations, the provision of which is codified in updated policies, standards, and evaluated service delivery models. These services include behavioral counseling to reduce high-risk behaviors and increase adherence, condom distribution, sexually transmitted infection (STI) screening and treatment, opportunistic infection management, ART, prevention of mother-to-child transmission (PMTCT), reproductive health and family planning services, positive prevention services, and MAT. PEPFAR Ukraine will also strengthen the grants management and technical oversight capacity of PRs that issue HIV/AIDS service delivery grants to CSOs. Trained PRs will be certified as Capacity Development Practitioners and, where appropriate, as Trainers of Capacity Developers.

## 2. HIV Prevention

PEPFAR Ukraine HIV prevention strategies are largely a continuation of those described in detail in the FY 2012 COP. There are no new procurements planned for this area. With the advent of scaled-up HIV prevention funding under the Global Fund Round 10 award, PEPFAR Ukraine will continue to focus resources on technical assistance aimed at strengthening the overall quality and outcomes of Global Fund and GOU programming. As such, all PEPFAR Ukraine HIV prevention programs are carefully designed to complement and leverage these resources.

PEPFAR Ukraine will provide technical assistance to support the GOU, Global Fund principal recipients, and CSOs to enhance HIV prevention programming to at-risk populations that is evidence-driven, high quality, economical, and achieves results at population levels in up to nine focal oblasts most affected by the epidemic. Targeted populations include PWID, MSM, FSWs, most-at-risk adolescents (MARA), and PLHIV and sexual partners of key populations.

Technical assistance will focus on the design, piloting, evaluation, and dissemination of technically-sound, cost-effective service delivery models to be taken to scale with GOU and Global Fund resources. These service delivery models include comprehensive prevention service packages for PWID, MAT embedded within comprehensive HIV/AIDS services, and positive prevention services. Service delivery models will be state-of-the-art, data-driven, and respond to changing epidemic patterns. Of particular interest are models that target specific risk segments within at-risk populations. This might include PWID with



overlapping risk behaviors (e.g., PWID that are FSW or MSM; MARA that are injecting drug users), and more targeted behavior change communications.

PEPFAR Ukraine assistance will support rapid formative assessments to investigate salient HIV prevention issues. This may include the causes behind and potential solutions to MAT dropout rates, FSW migration and seasonality patterns, or the profile and risk behaviors of “hidden” MSM. Other assistance will help ensure that technical assistance activities related to legislation, regulatory policy, and advocacy will result in action-oriented outcomes at the national level and decentralized levels. This includes an enhanced and monitored human rights and public health approach to HIV prevention. Key legislative barriers to be addressed include undocumented youth and their access to HTC and comprehensive HIV/AIDS services.

With regard to preventing the medical transmission of HIV, PEPFAR Ukraine will provide technical assistance to the Ministry of Health and selected regional blood safety centers to improve blood safety. The current blood safety program in Ukraine is implemented through regional blood safety centers with limited MOH financial support. Activities include the development of a low-risk volunteer donor oriented program, technical assistance to improve the blood M&E system and cold chain, and the establishment of a quality assurance/quality control (QA/QC) system to cover all laboratories in the blood donation system.

### 3. TB/HIV

PEPFAR Ukraine TB/HIV strategies are largely a continuation of those described in detail in the FY 2012 COP. There are no new procurements planned for this area. PEPFAR Ukraine supports the country's efforts to improve availability and effectiveness of health services in TB/HIV care and increase the GOU's capacity to provide quality services to TB and HIV patients.

PEPFAR Ukraine assistance aims to improve case detection and reduce barriers to appropriate TB and HIV treatment and care. Areas of focus include the alignment of national TB/HIV guidelines and protocols to international standards, strengthening infection control, case management information systems, strengthening TB laboratories, and building linkages between TB/HIV co-infection service provision mechanisms. These include HIV testing for TB patients and effective referral for those infected, as well as TB screening for HIV patients and referral to TB services for suspected cases.

To improve the national TB laboratory diagnostics, PEPFAR Ukraine will help to increase overall laboratory network efficiency through implementation of a quality assurance system. This includes technical assistance to the national reference and regional laboratories for TB services and an External Quality Assurance (EQA) system for smear microscopy. Assistance will help develop and implement a



laboratory specialist's cascaded training plan, and training complementary to that of the Global Fund program. The program is considering integrating GeneXpert MTB/RIF to improve TB case finding and to provide training and supervision on its maintenance and use.

PEPFAR Ukraine will also focus technical assistance in procurement and supply management to improve systems to assure continuous TB/HIV drugs availability. This includes technical assistance to improve the existing pharmaceutical management information systems (PMIS); support may focus on the development of a centralized data repository that facilitates synthesis and integration of information to strengthen data collection, analysis, interpretation and use.

PEPFAR Ukraine will invest in operations research that will develop and evaluate innovative and cost-effective approaches to the management of drug-sensitive and drug-resistant TB in the region. This will provide an evidence base that will serve to shape a well-functioning policy environment. Assistance will be provided to build institutional and human resource capacity to strengthen the supply chain for TB medicines, and increase the use of pharmaceutical management information for decision-making. Other assistance in strategic information includes the adoption of an electronic TB register (E-TB Manager) that will unify and centralize TB case management and TB drug supply and use.

#### 4. Strategic Information

Strategic information activities are largely a continuation of those in the FY 2012 COP. There are no new planned procurements for FY 2013. PEPFAR Ukraine's support to the Global Fund PRs and the GOU in strategic information aims to strengthen collection and use of epidemiological data. At the national level, support includes activities to ensure that epidemic trends are being optimally tracked and interpreted. To provide focused technical assistance, PEPFAR Ukraine will contribute to a central mechanism with strengths in data triangulation and prevention effectiveness evaluation and with links to the WHO Collaborating Centre for HIV Surveillance; another new activity in 2013 will be the incorporation of limiting antigen incidence testing into protocols for the current round of national integrated bio-behavioral surveys among key populations. Support also includes technical assistance to ensure that HIV prevention programs targeting at-risk populations are state-of-the-art, data-driven, and respond to changing epidemic patterns. These include rapid formative assessments in HIV prevention among at-risk populations, disseminating recommendations and models for adapted interventions. It also includes technical assistance to increase data quality and the use of data for strategic and programmatic decision making.

Other technical assistance priorities include improving data quality about at-risk populations (e.g., via higher-quality size estimation methods for MSM and sexual partners by partner type; overlapping risk behaviors). PEPFAR Ukraine also aims to strengthen the capacity of the GOU and CSOs, with a focus on Global Fund Round 10 PRs, to triangulate epidemiological data and research during all stages of program



design, implementation, and outcome monitoring data. Assistance with the same stakeholders aims to strength capacity to use rapid qualitative and quantitative survey to drive programmatic design, such as targeting messaging and monitoring data, and to provide leadership at national and decentralized levels within the GOU and to civil society in the use of strategic information and research data.

#### GHI, Program Integration, Central Initiatives, and Other Considerations

There is a strong, articulated common vision in support of the GOU's achievement of its national HIV/AIDS objectives. This was codified in the previously described Partnership Framework and has been further articulated in the Global Health Strategy (GHI) for Ukraine. This strategy advances coordinated health interventions by the full range of USG agencies currently represented in Ukraine. GHI focuses on two priority themes: improving the quality of care and expanding services to underserved priority regions of Ukraine, and encouraging Ukrainian scale-up of USG-funded pilot programs as a part of its national health reform agenda. The possibility of improving health outcomes across sectors, through the use of lessons learned and USG -financed systems strengthening approaches, is the principal value added by GHI support and is highly complementary of PEPFAR investments.

Ukraine's FY 2013 COP contributes to the achievement of all four of Ukraine's GHI intermediate results (IRs). With regard to IR 1: Increase client knowledge and awareness, assistance includes outreach and innovative communication models aimed at reducing risk behaviors of at-risk populations, and intensified strategic information activities to better recognize and respond to epidemiological trends. Under IR 2: Increased access to quality health services, interventions include technical assistance to improve ART monitoring and laboratory capacity in infection control for TB, and the piloting of state-of-the-art HIV/AIDS service delivery models for at-risk populations. With regard to IR 3: More sustainable health services, assistance includes technical assistance to improve supply chain management and support to the GOU's health care reforms via the piloting of HTC into primary care services. Lastly, for IR 4: Improved enabling environment, PEPFAR Ukraine will assist with the development of protocols, guidelines and MOH orders on internationally recognized evidence-based practices for HIV/AIDS services and MAT, and provide technical assistance to reduce the widespread stigma, discrimination and harassment that at-risk populations face from state law enforcement and health care providers.

In addition, Ukraine's FY 2013 COP contributes to two cross-cutting priority areas. With regard to quality of care and improving TB, HIV, and FP/RH services, the USG is investing considerable resources in strengthening public sector- and civil society- provided HIV/AIDS and TB services for at-risk populations. Tactics include the introduction of performance improvement approaches and QA/QI standards and systems. With regard to data for decision making, and developing and strengthening the use of data and evidence for health managers and to educate health consumers, the USG is working extensively with



public sector, civil society, and Global Fund PRs. Approaches include improved data quality and data use inculcated into strategic and programmatic decision making processes.

### Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	230,000	2011	AIDS Info, UNAIDS, 2013			
Adults 15-49 HIV Prevalence Rate	01	2011	AIDS Info, UNAIDS, 2013			
Children 0-14 living with HIV	00	2011	AIDS Info, UNAIDS, 2013			
Deaths due to HIV/AIDS	22,000	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults	3,400	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults and children	3,500	2011	AIDS Info, UNAIDS, 2013			
Estimated number of pregnant women in the last 12 months	493,000	2010	UNICEF State of the World's Children 2012. Used "Annual number of births as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	1,550	2011	WHO			



Number of people living with HIV/AIDS	230,000	2011	AIDS Info, UNAIDS, 2013			
Orphans 0-17 due to HIV/AIDS	26,000	2011	AIDS Info, UNAIDS, 2013			
The estimated number of adults and children with advanced HIV infection (in need of ART)	121,246	2011	WHO			
Women 15+ living with HIV	94,000	2011	AIDS Info, UNAIDS, 2013			

### Partnership Framework (PF)/Strategy - Goals and Objectives

Number	Goal / Objective Description	Associated Indicator Numbers	Associated Indicator Labels
1	Reduce the level of HIV transmission among Injection Drug Users (IDUs) and other most-at-risk-populations (MARPs)		
1.1	Expand coverage of prevention activities in defined areas among targeted most-at-risk adolescents, including youth who inject drugs, are MSM or CSW, who live and /or work on the streets, and at-risk youth in impoverished areas	UA.413	UA.413 Percentage of persons who have been continuously receiving ART within the last 12 months
2	Improve the quality and cost effectiveness of HIV prevention, care and treatment services for MARPs, particularly IDUs and their sexual partners		
2.1	Improve quality of HIV treatment and care services	C1.1.N	C1.1.N Number of eligible adults and children provided with a minimum of one care service
3	Strengthen national and local leadership,		



	capacity, institutions, systems, policies and resources to support the achievement of national AIDS program objectives		
3.1	Strengthen financial sustainability of National AIDS Program	H3.1.N	H3.1.N Domestic and international AIDS spending by categories and financing sources

### Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

**How is the USG providing support for Global Fund grant proposal development?**

The CCM is not planning to submit proposals at this point in time and as such, the USG is currently not providing support for grant proposal development.

**Are any existing HIV grants approaching the end of their agreement (Phase 1, Phase 2, NSA, CoS, or RCC) in the coming 12 months?**

Yes

**If yes, please indicate which round and how this may impact USG programming. Please also describe any actions the USG, with country counterparts, is taking to inform renewal programming or to enable continuation of successful programming financed through this grant(s).**

Currently, Ukraine is starting its second phase two of Round 9 (TB), from June 2013 to 2015. The original Phase 1 was extended for six months to allow the transfer of project management from the current PR, the Foundation for the Development of Ukraine (a private foundation that decided to step down as a PR) to the GOU PR, the Ukrainian Center of Social Dangerous Diseases Control. This center is one of the three co-PRs of the current Round 10 HIV Grant Phase 1, which ends in December 2013. The USG, through the bilateral USAID and CDC projects, is providing programmatic TA to the Ukrainian Center of Social Dangerous Diseases Control on strategic information and HIV services to at-risk populations. Within the PEPFAR- Global Fund Country Collaboration Initiative (2011-2014) USAID (via AIDSTAR-II) and CDC are providing the Ukrainian Center of Social Dangerous Diseases Control capacity building in programmatic, financial, and procurement and supply management, as well as in organizational development capacity building. This is to help ensure the smooth implementation of both HIV and TB GF grants.

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**To date, have you identified any areas of substantial duplication or disparity between PEPFAR and Global Fund financed programs? Have you been able to achieve other efficiencies by increasing coordination between stakeholders?**

No

**Public-Private Partnership(s)**

Created	Partnership	Related Mechanism	Private-Sec tor Partner(s)	PEPFAR USD Planned Funds	Private-Sec tor USD Planned Funds	PPP Description
2013 COP	Sustaining the Role of Media in the National HIV/AIDS Response		TBD	Redacted	Redacted	CARRIED OVER INTO APR 2013 The goal envisioned for this partnership is to increase the engagement and sustain the role of the Ukrainian media in the national HIV response. Objective 1: Support the development and implementation of a national communication strategy on



						<p>HIV/AIDS in Ukraine; • Objective 2: Support development and implementation of regional communication strategies on HIV/AIDS in targeted regions;• Objective 3: Build local capacity (GOU, media, NGOs) to implement HIV/AIDS strategies after USAID funding expires. Applicants are encouraged to apply as a consortium of locally registered partner organizations led by the most qualified organization in the media sector to implement the Project in Ukraine. USAID will</p>
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						<p>provide Redacted (subject to availability of funds) to support this new -year media project. Thus, alliances with the minimum of Redacted cost-share contribution (in-kind or cash) are expected.</p>
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**Surveillance and Survey Activities**

Surveillance or Survey	Name	Type of Activity	Target Population	Stage	Expected Due Date
Survey	Assessment of the needs and capacity of the selected drug dependence treatment facilities	Evaluation	Other	Development	02/01/2013
Survey	Assessment of the needs and capacity of the selected pre-trial detention centers and prisons	Evaluation	Other	Planning	04/01/2013
Survey	Assessment of the policy, legal and normative frameworks, capacity of narcological services system to integrate HIV prevention and care programmes	Evaluation	Other	Planning	04/01/2013
Survey	Drug Resistance Survey	Other	Other	Planning	12/01/2013
Survey	Focused research initiatives	Qualitative	Uniformed	Planning	04/01/2013



	to support advocacy strategy	Research	Service Members		
Survey	HIV Drug Resistance surveillance among newly diagnosed HIV patients	HIV Drug Resistance	Other	Planning	06/01/2013
Surveillance	Impact Evaluation of STBCU Project	Evaluation	Other	Planning	01/01/2017
Survey	Integrated care effectiveness for injecting drug users in Ukraine	Evaluation	Injecting Drug Users	Planning	07/01/2013
Survey	Midterm Evaluations for USAID PLEDGE and RESPOND Projects	Evaluation	Other	Planning	07/01/2014
Survey	National AIDS Program Evaluation: HIV Prevention and Treatment in prisons	Evaluation	General Population	Other	12/01/2012
Survey	New MARPs Project USAID Baseline assessment	Other	Drug Users, Female Commercial Sex Workers, Men who have Sex with Men, Youth	Planning	07/01/2013
Survey	New MARPs Project USAID - Implementation Science Study Grants - 2	Other	Drug Users, Female Commercial Sex Workers, Men who have Sex with Men, Youth	Planning	09/01/2014
Survey	PLEDGE Project USAID : Baseline HIV Knowledge-Attitude-Behavior-Practice (KABP) survey among police officers	Surveillance and Surveys in Military Populations	Uniformed Service Members	Planning	06/01/2013
Survey	Prevention effectiveness	AIDS/HIV	Injecting Drug	Development	03/01/2014

	evaluation	Case Surveillance	Users		
Survey	Rapid Formative Assessments to Investigate Dynamics and Behaviors in HIV Prevention	Evaluation	Injecting Drug Users	Development	04/01/2013
Survey	Secondary analysis review of ART efficacy data	Evaluation	Other	Planning	09/01/2013
Survey	STBCU Project USAID : Level of knowledge of healthcare workers who are cognizant of proper infection control practices	Evaluation	Other	Planning	09/01/2013
Survey	STBCU Project USAID: Level of knowledge of healthcare workers who are cognizant of proper infection control practices	Evaluation	Other	Planning	09/01/2014
Survey	Study level of health care workers that are knowledgeable on proper infection control practices	Evaluation	Other	Development	12/01/2012
Survey	Survey to assess capacity of the drug treatment services of Ukraine to integrate HIV prevention and care related interventions into the routine system's practice.	Evaluation	Injecting Drug Users	Planning	08/01/2013
Survey	TB Patient satisfaction of TB Services with gender issues consideration	Evaluation	Other	Development	12/01/2012
Survey	Validation of recent HIV infection methods	Recent HIV Infections	Other	Planning	09/01/2013



## Budget Summary Reports

### Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source			Total
	GAP	GHP-State	GHP-USAID	
DOD		200,000		200,000
HHS/CDC	637,437	3,490,063		4,127,500
HHS/HRSA		550,000		550,000
HHS/NIH		100,000		100,000
PC		423,000		423,000
USAID		7,099,500	2,500,000	9,599,500
<b>Total</b>	<b>637,437</b>	<b>11,862,563</b>	<b>2,500,000</b>	<b>15,000,000</b>

### Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency							Total
	DOD	HHS/CDC	HHS/HRSA	HHS/NIH	PC	USAID	AllOther	
HBHC						100,000		100,000
HKID						300,000		300,000
HLAB		451,740						451,740
HMBL		749,762						749,762
HMIN						0		0
HTXS		898,544						898,544
HVAB					20,196			20,196
HVCT	182,000					154,871		336,871
HVMS	18,000	539,323			79,147	415,868		1,052,338
HVOP					323,357	961,594		1,284,951
HVSI		719,066			300	616,563		1,335,929
HVTB		538,370				1,108,185		1,646,555
IDUP						2,673,638		2,673,638
OHSS		230,695	550,000	100,000		3,268,781		4,149,476
	<b>200,000</b>	<b>4,127,500</b>	<b>550,000</b>	<b>100,000</b>	<b>423,000</b>	<b>9,599,500</b>	<b>0</b>	<b>15,000,000</b>

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## National Level Indicators

### National Level Indicators and Targets

Redacted



### Policy Tracking Table

Policy Area: Laboratory Accreditation						
Policy: Implement quality control system in HIV laboratory network						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
<b>Estimated Completion Date</b>		June 30, 2013	September 30, 2013			
<b>Narrative</b>		CDC APHL mechanism will conduct an assessment of current EQA system in Ukrainian HIV Labs. The results will inform the development of the new Strategy. CDC staff participates in the working group developing the concept for the strategy.	CDC will provide support and TA to the development of a Laboratory Quality Management Strategy for HIV Lab network in Ukraine. The Strategy includes Laboratory policy, SOPs, and EQA plan.			
<b>Completion Date</b>						
<b>Narrative</b>						

**Policy Area: Most at Risk Populations (MARP)**



<b>Policy: Increase access to the opioid medications, including for the MAT purposes (in short: MAT#2)</b>						
<b>Stages:</b>	<b>Stage 1</b>	<b>Stage 2</b>	<b>Stage 3</b>	<b>Stage 4</b>	<b>Stage 5</b>	<b>Stage 6</b>
<b>Estimated Completion Date</b>			September 30, 2012	July 31, 2013		
<b>Narrative</b>			CabMin draft regulations developed by the State Drug Control Service for state and private health providers to use narcotics for pain management and other medical care, incl. MAT - endorsed by all the key 10 ministries of the previous GoU in September 2012	Draft CabMin Resolution has to be re-submitted to all the key ministries in the new GoU (appointed in November 2012) for re-confirmation and get CabMin approval of this Resolution		
<b>Completion Date</b>						
<b>Narrative</b>						



<b>Policy Area: Most at Risk Populations (MARP)</b>						
<b>Policy: Remove too high threshold requirements for PWID to access MAT (in short: MAT-1)</b>						
<b>Stages:</b>	<b>Stage 1</b>	<b>Stage 2</b>	<b>Stage 3</b>	<b>Stage 4</b>	<b>Stage 5</b>	<b>Stage 6</b>
<b>Estimated Completion Date</b>	December 2012	May 30, 2013	August 30, 2013	October 30, 2013	December 30, 2013	
<b>Narrative</b>	<p>NB: Alliance-Ukraine and Association of Patients of Ukraine filed law-suit against MoH's violation of the patient rights for MAT to the Kyiv Regional Administrative Court, on December 29, 2012. Court hearing was scheduled on Jan 23, 2013, but postponed till the Court Head</p>	<p>Explicit unified position paper on the required changes into the current MoH Order #200 on MAT provision completed and endorsed by the key stakeholder s, esp. MoH/ State AIDS-TB Service, UCDC, and State Drug Control Service. Ideally, it is critical for the MAT scale up to withhold the</p>	<p>Jointly draft formal/ vetted policy text of the required changes into current MoH MAT order #200 circulated amongst key stakeholder s.</p>	<p>GOU approval of the necessary policy changes</p>	<p>Implementation Plan developed by MoH/ State AIDS-TB Service, UCDC, GF PRs, with support from the State Drug Control Service. Implementation/ capacity strengthening activities carried out. Accountability measures/ monitoring plan for implementation determined.</p>	



	comes back from her sick leave.	operation of the current MoH order till changes are introduced and approved.				
<b>Completion Date</b>						
<b>Narrative</b>						

<b>Policy Area: Stigma and Discrimination</b>						
<b>Policy: Develop and improve laws and policies to prevent discrimination against people on the basis of HIV status or high risk behaviors</b>						
<b>Stages:</b>	<b>Stage 1</b>	<b>Stage 2</b>	<b>Stage 3</b>	<b>Stage 4</b>	<b>Stage 5</b>	<b>Stage 6</b>
<b>Estimated Completion Date</b>					April 30, 2015	
<b>Narrative</b>					Through piloting in up to three oblasts, support implementation and enforcement of policies to reduce stigma and discrimination against MARPs using core health services by and ensure	



					confidentiality among health service providers.	
<b>Completion Date</b>						
<b>Narrative</b>						

<b>Policy Area: Strengthening a multi-sectoral response and linkages with other health and development programs</b>						
<b>Policy: Improve access to HCT via additional service providers, incl. NGOs, and PiCT</b>						
<b>Stages:</b>	<b>Stage 1</b>	<b>Stage 2</b>	<b>Stage 3</b>	<b>Stage 4</b>	<b>Stage 5</b>	<b>Stage 6</b>
<b>Estimated Completion Date</b>			September 30, 2012	July 2013		
<b>Narrative</b>			In FY2012 USCP provided TA (jointly with WHO/Ukraine) and operational support to the MOH C&T WG to harmonize the VCT Protocol with the new HIV/AIDS Law of Ukraine to improve access to VCT	MoH approval of the updated VCT protocol		



			through additional service providers, incl. NGOs, and incorporate Provider-Initiated Counseling and Testing. Draft revised HTC Protocol was developed and subitted to the MoH in September 2012.			
<b>Completion Date</b>						
<b>Narrative</b>						



## Technical Areas

### Technical Area Summary

#### Technical Area: Care

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	100,000	0
HKID	300,000	0
HVTB	1,646,555	0
<b>Total Technical Area Planned Funding:</b>	<b>2,046,555</b>	<b>0</b>

#### Summary:

Care TAN

#### Overall Programmatic Strategy in Care

*Overview of health issues in Ukraine: Ukraine is experiencing the most severe HIV/AIDS epidemic in Europe region and the Commonwealth of Independent States. At the end of 2009, the estimated HIV prevalence among the adult (15-49 year old) age group was 1.29%. UNAIDS estimates that there are 350,000 people living with HIV (PLHIV). The reported cumulative number of clients registered with the national AIDS Centers by the end of 2009 is 161,119. The annual number of newly reported cases of HIV infection has been constantly increasing, with the number of new cases reported to be 19,840 in 2009, compared to 12,491 in 2005 and 6,212 in 2000.*

*According to the World Health Organization's (WHO's) Global Tuberculosis Control Report 2009, Ukraine's estimated TB case rate of 102 cases per 100,000 population is the eighth highest in Europe and Eurasia. The growing TB problem is exacerbated by increasing cases of multidrug-resistant (MDR) TB and one of the fastest-growing HIV epidemics in the world. According to WHO, nearly 16 percent of new TB patients have MDR-TB. Ukraine is among the 27 MDR-TB highest burden countries in the world and has the eight highest rate of new TB cases in Europe and Eurasia with dramatic increase in multi-drug resistance. By the beginning of 2008, extensively drug-resistant (XDR) TB was also reported in Ukraine. Both TB and HIV are concentrated in the southern and eastern oblasts (provinces) of the country, and TB-HIV co-infection is a growing challenge. Results of surveillance in 2007 in Donetsk Oblast indicated that 27 percent of TB patients in the civil sector were co-infected with HIV.*

*With HIV fuelling the TB epidemic and TB being the most common cause of death among those with AIDS, TB mortality is expected to increase in the near future. In the first six months of 2010, AIDS mortality increased by almost 30 percent as compared to the same period in 2009. This can be explained by the fact that the majority of persons succumb to HIV/AIDS related death after having the disease for 10 years. With about 40 percent of AIDS deaths associated with TB, AIDS mortality increase can significantly affect the burden of TB.*

*GOU and USG/Ukraine partnership: As part of its commitment to investing in people, the USG supports Ukraine's efforts to improve availability and effectiveness of health services in TB/HIV care and increase the Government of Ukraine's capacity to provide quality services to TB and HIV patients. Specifically, the USG Mission in Ukraine goals and objectives includes reducing the level of HIV transmission among Injection Drug Users (IDUs) and other*



*most-at-risk-populations (MARPs); improving the quality and cost effectiveness of HIV care and treatment services for MARPs, particularly IDUs and their sexual partners; and strengthening national and local leadership, capacity, institutions, systems, policies and resources to support the achievement of national TB and AIDS program objectives. These objectives support Partnership Framework goals.*

*USG/Ukraine's key priorities, major goals, and achievements in care: All USG/Ukraine activities contribute to achieving Partnership Framework goals by enhancing quality of TB/HIV co-infection interventions, identifying gaps in TB/HIV service provision and developing strategies to fill in the gaps; expanding TB/HIV co-infection case management tools based on WHO standards to additional areas; and implementing the "Three I's" approach. USG Partnership Framework goals and objectives complement and support Ukraine's National TB and HIV programs aiming to decrease TB/HIV morbidity and mortality and reduce the burden of these diseases on the population of Ukraine.*

*Working closely with the Government of Ukraine (GOU), Global Fund, and other key stakeholders, USG/Ukraine's major priorities include the reinforcement of the TB/HIV referral system by establishing clear standard operating procedures, and reinforcing better communications and patient follow-up by using e-TB manager and other referral tools. Building upon successful models created by previous USAID and other donor projects (within and outside of Ukraine) USG will scale-up quality HIV testing and referral models for co-infected patients at TB clinics, as well as quality TB screening of HIV positive patients and referral models for co-infected patients at HIV service delivery locations.*

*Other priorities include ensuring that TB training is offered for HIV providers and that TB providers are properly trained in HIV diagnosis, treatment, and prevention. Training will include the use of appropriate referral forms to assure that patients are not lost in these two vertical systems. USG/Ukraine care efforts also envision support to improve TB/HIV management by updating and revising national TB/HIV guidelines to reflect a clear differentiation between functions and operations of TB and HIV services; assist in elaborating a national TB/HIV strategic plan; and revise training curricula for TB and HIV specialists. USG programs will improve the policy environment among local organizations to implement HIV and TB/HIV activities and will provide technical assistance in establishing information exchange system between TB and HIV/AIDS programs.*

*During the past few years, USG/Ukraine has supported the GOU with their national HIV/AIDS and TB response, including care, and has contributed to a number of major accomplishments. USG/Ukraine provided technical support to strengthen activities of the Regional Coordination Councils to develop and implement HIV/TB collaborative mechanisms. Activities included further development and implementation of the TB symptom screening and referral process by HIV-service NGOs; proper TB prevention, detection, and diagnosis in HIV and TB settings; and provision of social and psychological support for TB/HIV patients.*

*In collaboration with stakeholders at the oblast and rayon levels, USG/Ukraine adapted and piloted a WHO TB/HIV monitoring tool, which is now being successfully used by the M&E groups established under the regional Coordination Councils in five project regions. Major achievements in TB/HIV area also included External Quality Assurance for TB diagnostic systems strengthening, molecular testing development and laboratory procurement and infection control. Other accomplishments include developing an operational framework for reorganization of TB and HIV services at the oblast level, including legal and financial aspects and piloting this model in one of the regions (Zakarpattia Oblast). An NGO-based model of TB detection and case management for vulnerable populations, including the homeless, was developed and tested. USG recommendations from the Human Resource assessment report were incorporated into the new 5-year TB Control program in Ukraine 2012-2016.*

*USG/Ukraine program efforts to support care services for adults included technical assistance to the GOU, Global Fund Principal Recipients (PRs), and civil society organizations (CSOs) in building a strong responsive network of social services provision, as well as HIV prevention, care and treatment services. Services provided with USG assistance included PLHIV peer to peer support; counseling on adherence to ARV, TB, and STI treatment; quality counseling and testing for TB and HIV; psychosocial support for MAT clients; and reproductive health and family*



*planning counseling.*

*USG/Ukraine technical support in care also included supporting NGOs providing services for OVC. The USG does not support direct services provision but by working through community based organizations and building their capacity, USG ultimately contributes to improvements in care services. USG-supported NGOs provided information and education for OVC, as well as psychosocial support, shelter, HCT, and condom distribution.*

*Other major achievements under the Care component also included USG technical support for innovative approaches in service provision to MARPs, including IDUs, MSM, MARA, and FSW. Outreach services provided through pharmacies expanded coverage of MARPs with HIV/TB prevention and treatment information and education and have increased their access to quality care services. The USG program has piloted and established models of integrated MAT TB/HIV support to be replicated with the GF support. The services provided have increased patients adherence to ARV and TB treatment, and have improved access to quality TB/HIV care services. In the past year, the USG have also reached out to more FSWs with HIV prevention and care interventions, including provision of HIV counseling and testing, community-based rapid testing, counseling and referrals to other services, STI diagnosis and management.*

*USG Ukraine supported human resources for health (HRH) approaches by providing recommendations and assistance to GOU to improve human resource planning and management; developing in-service education programs for health professionals; and addressing HRH political, legal, and regulatory barriers.*

*Health systems strengthening (HSS) interventions included establishing and strengthening supervision and mentoring mechanisms and systems to ensure sustainability of training and technical assistance provided to health care professionals; revision of national guidelines and protocols in TB/HIV care; bringing national educational materials and curricula in line with the international best practices and incorporating new modules into day-to-day regular in-service and post-service trainings.*

*Key priorities for the next two years: During FY 2012 and 2013, the USG/Ukraine program will add to and complement GOU and Global Fund TB and HIV/AIDS programs to support Pharmaceutical Management Information System strengthening. The program will build capacity of the TB and HIV/AIDS national programs to manage the quality, completeness and timeliness of data collection to improve TB and HIV/AIDS supply management, including supply planning, procurement and distribution. The program will develop interventions to promote rational use of drugs and implement appropriate case management including prescribing and dispensing practices and monitoring of adherence to internationally accepted standards for treatment.*

*USG/Ukraine will also support the GOU and Global Fund PRs to increase the quality, availability, and delivery of positive prevention services to MARPs, the provision of which will be codified in updated policies, standards, and protocols. This package of services should include behavioral counseling to reduce high-risk behaviors and increase adherence, condom distribution, STI screening and treatment, OI management, ARV, PMTCT, reproductive health and family planning services, and harm reduction/MAT.*

*Other major goals in the USG-supported care program will include strengthening systems and building mechanisms to support missing linkages and fill in the gaps in service provision for TB/HIV patients, MARPs, MARA, and OVCs and will respond to the goals identified in the Partnership Framework. Areas of focus will complement the GOU efforts to combat TB and HIV epidemics and will be elaborated in close coordination with national and local stakeholders.*

#### *Adult Care & Support*

*Positive Prevention services should be a routine standard of care in HIV prevention, care, and treatment settings, and are critical for reducing the risk of ongoing HIV transmission. Although HIV-infected Ukrainians are referred to and registered in AIDS Centers, there is no apparent formalized, evidence-based intervention for Positive Prevention services; interventions focus on ARV, TB and STI treatment, and adherence, supported by some counseling. For example, it is unclear how often is the full package of services for safer sexual behavior promotion*



*of among discordant couples provided. However, the basic infrastructure and referral system is in place for potentially expanded Positive Prevention services, supported by community-based social workers, psychologists, and PLHIV. Some CSOs offer legal services to HIV-infected clients that could be expanded.*

*In Ukraine, barriers to Positive Prevention services include loss of follow up between initial HCT and referral to the AIDS Center, and delayed initiation of ARV treatment due to current underfunding and stock outs of ARV drugs. HIV transmission is still criminalized which may hinder the delivery of Positive Prevention services. An inherited vertical health care system impedes service integration. Minors and undocumented individuals are unable to access a full prevention, care, and treatment package of services within the public sector.*

*In Ukraine, the USG funds limited direct service delivery related to Positive Prevention services but has placed a greater emphasis on technical assistance to strengthen the overall national and regional approaches as well as address legislative and policy barriers to services and support. Under the Global Fund Round 10 grant, the GOU will intensify HIV prevention, care, and treatment services to PLHIV. During FY 2012 and 2013, USG/Ukraine will work closely with the Global Fund and GOU to strengthen the quality, availability, and delivery of Positive Prevention services. Activities include technical assistance to the GOU, Global Fund Principal Recipients (PRs), and civil society organizations (CSOs) to strengthen programmatic technical quality and cost effectiveness.*

*Technical priorities include increased provision of a comprehensive HIV prevention package of services to MARPs, including injecting drug users, street children, sex workers, and MSM, with more focus on overlapping risk behaviors, and stronger targeted BCC, referrals to HCT and Positive Prevention services, and comprehensive prevention services in mobile clinics targeting sex workers. This package of services includes behavioral counseling to reduce high-risk behaviors and increase adherence, condom distribution, STI screening and treatment, OI management, ARV, PMTCT, reproductive health and family planning services, and harm reduction/MAT.*

*Other activities include advocacy to revise eligibility requirements for HIV/AIDS services for at-risk minors, with a focus on youth-friendly HCT, Positive Prevention and harm reduction services, and MAT. Partners will work with the Global Fund PRs and the GOU to provide technical assistance to prepare, test, package, and disseminate state of the art and cost-effective HIV prevention models. These will be implemented within USG-funded programs through subagreements and taken to scale with GOU and Global Fund resources. These include community- and facility- based models, with a focus on MARPs-friendly services and decentralized delivery.*

#### *TB/HIV*

*In 2005, WHO called for redoubled efforts to scale up effective TB control using DOTS (the internationally recommended strategy for TB control) throughout Europe. In 2007, the Ministry of Health (MOH) issued an order adopting DOTS as the basis for national TB control policy. The National TB Control Program (NTCP) for 2007–2011 now supports rapid expansion of DOTS coverage, with the goal of moving from 29 percent in the USAID-supported pilot regions in 2007 to 95 percent by 2011 with a detection rate of 60 percent and a successful treatment rate of 85 percent among sputum-smear positive pulmonary TB cases. Although Ukraine reported 100 percent DOTS coverage in 2007, the quality of DOTS services requires significant improvement in many areas; at present, only approximately 50 percent of the population has access to quality DOTS.*

*USG efforts will strive to ensure that the TB program reinforces the principles of the GHI. Specifically, TB programs will strive to improve case detection among women and will incorporate innovative methods to reduce gender barriers to appropriate TB treatment and care. The USAID/Ukraine TB program will also seek-out opportunities to foster integration with other programs where appropriate and improve coordination with key donors and stakeholders, in particular with the GFATM and Ukraine's National TB Programs. This specificity will foster country ownership in USAID/Ukraine-supported TB Programs. Areas will include infection control, case management information systems, strengthening of TB laboratories and health systems strengthening. USAID/Ukraine will also invest in operations research that will develop and evaluate innovative and cost-effective approaches to the management of both drug-sensitive and drug-resistant TB in the region. This will provide an*

*evidence base that will serve to shape a well-functioning policy environment.*

*USG programs to improve TB/HIV care will focus on identifying gaps in TB/HIV service provision and developing strategies to fill in the gaps; expanding TB/HIV co-infection case management tools based on WHO standards to additional areas; and implementing the "Three I's" approach, including intensified case funding, Isoniazid preventive therapy, and TB infection control. Interventions will include building capacity to address missing linkages in TB/HIV co-infection service provision mechanisms; ensuring HIV testing for TB patients and effective referral of those found to be HIV positive; and provide TB screening of HIV patients and referral to TB services for those who are suspected cases of TB.*

*In order to scale-up the Three I's Strategy implementation, including early initiation of ART, USAID will work to improve the policy environment among local organizations to support HIV and TB/HIV related activities; adapt and implement the HIV Testing and referral model for TB patients at USAID-assisted sites. Special focus will be given to increase the proportion of newly diagnosed HIV and TB individuals who undergo diagnostic and counseling services for dual infection in USG-assisted sites.*

*The program will use some of the following key PEPFAR indicators, reflecting USG technical assistance for HIV-related policy development and institutional capacity building. The program will develop a set of indicators based on the previous TB control program achievements and results and WHO Stop TB strategy to measure the impact of the new TB/HIV systems operations.*

*To improve the national TB laboratory diagnostics, USAID will work to increase overall TB laboratory network efficiency through implementation of quality assurance system in laboratories. The program will improve the quality of the national reference lab for TB services, regional laboratories for DST and culture testing, and an External Quality Assurance (EQA) system for the smear microscopy. The program will develop and implement a lab specialists cascade training plan and will carry out training complementary to the Global Fund program. The program is considering integrating Xpert MTB/RIF to improve TB case finding and to provide training and supervision on its maintenance and use.*

*The USG program (through WHO) will improve TB/HIV management by providing support in the revision of national TB/HIV guidelines with defined responsibilities of each service and elaborating national TB/HIV strategic plan; revising cross-training curricula for TB and HIV specialists; improving the policy environment enabling local organizations to implement HIV and a TB/HIV activities; and providing technical assistance in establishing a well-functioning information exchange system between TB and HIV/AIDS programs.*

*The USG program, through its Strengthening Pharmaceutical Systems project, will be targeted to improve information systems to assure continuous TB/HIV drugs availability to ensure appropriate treatment outcomes for TB and HIV/AIDS programs. This program will build institutional and human resource capacity to strengthen the supply chain management with emphasis on TB, HIV medicines and other health commodities and will work to improve pharmaceutical services for TB and HIV/AIDS medicines and other commodities.*

#### *OVC*

*A particularly vulnerable group of youth in Ukraine are young people who live in the streets. It is estimated that 300,000 children in Ukraine are street children. Of this number, about 42,000 are officially registered, with 20,000 occasionally living in 96 government-run shelters and juvenile detention centers. Largely between 8 to 19 years of age, 70% of street children and adolescents are male, and 30% are female. Many come from small towns and villages around Ukraine. Most quit school at an early age and have low education and literacy levels. Many are 'social orphans' with one or both parents alive but either absent or unable to care for the child, or are the victims of verbal, psychological or physical abuse at home.*

*A recent study indicates that HIV prevalence among street children in three cities (Kyiv, Donetsk and Odessa) was 18.4%. Injecting drug use was the overwhelming risk factor for HIV infection in the sample, with 77% of the*



*infections found in the one-third of youth who admitted IDU. A history of IDU was associated with a nine-fold increased risk for infection while sexual risk factors contributed a modest independent additional risk. The situation among most-at-risk adolescents (MARA) in Ukraine is of particular concern due to their high risk and vulnerability to HIV infection, and their extremely limited access to HIV prevention (particularly harm reduction services), care, and support. Adolescent girls aged 10–19 who sell sex comprise an estimated 20% of FSWs in Ukraine.*

*In Ukraine, the USG funds are not utilized for direct service delivery to OVC. Rather, these funds are focused on technical assistance to strengthen the overall national and regional approaches, as well as address legislative and policy barriers to services and support. To date, USG/Ukraine has supported civil society organization (CSO)-driven HIV prevention initiatives among MARA, specifically street children. Services include information and education, psychosocial support, shelter, HCT, and condom distribution. Programs reach street children through outreach to venues where street children live and congregate, and at community centers. Although HIV prevention programs are nascent, street children are responsive to services. There is a promising best practice in reaching street children with HIV prevention services in Odessa using a peer driven approach.*

*However, it is unclear if MARA are providing a disproportionate percentage of new HIV cases within youth, and to what extent are HIV sero-conversions the result of overlapping risk behaviors (e.g. IDU; sex work). The continuing economic crisis in Ukraine might increase the number of families and children who live on the streets. Legislation restricting the eligibility of services to minors without parental consent and legal documentation significantly impedes access HCT, harm reduction, and Positive Prevention services. Nonetheless, there is a good foundation of systems and programs outside of HIV/AIDS for street children in Ukraine which can be utilized for HIV prevention services. These services offer a more comprehensive wraparound approach, including food and shelter, than what exists for other MARPs.*

*Under the Global Fund Round 10 grant, the GOU will intensify HIV prevention, care, and treatment services to MARA. The five year goal is to reach 25,000 MARA with services. During FY 2012 the USG/Ukraine will work closely with the Global Fund and GOU to strengthen the quality and availability of HIV prevention, care, and treatment services targeted to OVC. Activities include formative assessments looking at the HIV prevention context, behaviors, and needs within specific segments of MARA, such as injecting drug use and migration patterns. Other activities include technical assistance to prepare, test, package, and disseminate state of the art and cost-effective HIV prevention models, to be implemented within USAID-funded programs through subagreements and taken to scale with GOU and Global Fund resources. One such model is youth-friendly CSO/public sector HIV prevention models for street children with wraparound elements (e.g. documentation services and legal support, job training).*

*In addition, USG/Ukraine will support policy and legislation initiatives to address barriers to services and support. This includes access to care and treatment services within AIDS Centers for youth under the age of 18, and access to services when parental/guardian consent is unavailable or when identification documents are incomplete or unavailable.*

#### *MARPs*

*The HIV epidemic in Ukraine continues to be driven by unsafe drug injection and sexual practices, and remains concentrated among Most-at-Risk Populations (MARP)s, including injecting drug users (IDUs), prisoners, female sex workers (FSWs), men who have sex with men (MSM), and the sexual partners of these populations. The national data system does not allow the linking of reported cases to MARP category, but based on national statistics, the main mode of transmission in 50% of the reported cases of HIV was related to injecting drug use and 32% to sexual transmission. Second generation sentinel surveillance shows the highest prevalence rates of HIV are among IDUs, street children, prisoners, FSWs, MSM, and commercial clients of FSWs. It is unclear what percent of HIV-infected MARPs receive clinical care services, since the M&E system used by the AIDS Centers does not disaggregate data by risk behavior.*

*Positive Prevention services should include a routine standard of care in HIV prevention, care, and treatment settings, and are critical for reducing the risk of ongoing HIV transmission. Although HIV-infected Ukrainians are*



*referred to and registered in AIDS Centers, there is no apparent formalized, evidence-based intervention for Positive Prevention services; interventions focus on ARV, TB and STI treatment, and adherence, supported by some counseling. These MARPs include injecting drug users, street children, sex workers, prisoners, and MSM, with more focus on overlapping risk behaviors.*

*During FY 2012 and 2013, USG/Ukraine will support the GOU and Global Fund PRs to increase the quality, availability, and delivery of positive prevention services to MARPs, the provision of which codified in updated policies, standards, and protocols. This package of services should include behavioral counseling to reduce high-risk behaviors and increase adherence, condom distribution, STI screening and treatment, OI management, ARV, PMTCT, reproductive health and family planning services, and harm reduction/MAT.*

*Other FY 2012 and 2013 priorities include the delivery of appropriate and accessible HIV prevention and support services for MARPs. Activities include rapid formative assessments to assess context, behaviors, and needs for specific types and segments within MARPs, and technical assistance to strengthen programmatic technical quality and cost effectiveness. Priorities include, but are not limited to, the codification of core packages of HIV prevention services for each type of MARP, increased provision of comprehensive prevention services packages (CPSP) and MAT, and enhanced HIV testing among the sexual partners of MARPs.*

*Other priorities include technical assistance to augment the actionable policy and legislation environment. Priorities include increased access to comprehensive prevention services and MAT, especially for hard-to-reach IDU and underage users, and advocacy for MAT to become an essential service within the MOH. Key advocacy areas include: higher volume services to increase public health impact and with phased-in GOU funding included in annual budgets, and ensured confidentiality of medical records and the enforcement of existing regulations to protect confidentiality.*

#### *Gender*

*There are a number of gaps and opportunities for strengthening the gender response within Ukraine's overall national HIV prevention approach. Gender is an important dynamic in Ukraine's epidemic. Women, particularly female IDUs and women with high risk sexual partners, are increasingly becoming infected with HIV, and women now account for 43.8% of new cases. A 2006 report by the World Bank and the International HIV/AIDS Alliance noted the disparity between female and male incidence rates, at 0.88 percent and 0.5 percent, respectively. Access to services is considerably restricted by societal norms and health care provider attitudes to females within many at-risk groups; for example, female IDUs are less likely to access services because the label of drug user holds greater stigma for women than for men in Ukraine.*

*USG/Ukraine-supported projects will integrate gender into its activities in a pragmatic, results-focused manner, with an emphasis on gender equity in HIV/AIDS activities and services. Planned formative research will investigate the dynamics and issues related to the access and use of HIV/AIDS services by male and female MARPs. USG/Ukraine will provide technical assistance to the GOU and Global Fund Principal Recipients to strengthen the delivery of gender-sensitive HIV/AIDS services, and support the piloting of innovative gender-sensitive models for dissemination for roll out throughout the country by the GOU and the Global Fund. These include increasing the comprehensive delivery of TB/HIV and positive prevention services, including OVC.*

*USG/Ukraine will work with the MOH to develop a strategic plan to reduce policy barriers and operationalize the National AIDS Program strategy. Policy issues will address increased gender equity in HIV/AIDS services and the reduction of gender-based violence and coercion, especially for MARPs. As part of its efforts to build a legislative framework and operational ethos for NGO service delivery, the USG will continue to provide technical assistance to individual NGOs to strengthen their capacity in working with MARPs and at-risk and bridge populations within the context of gender and HIV/AIDS. Continuing policy and advocacy issues will address health care accessibility, especially for MARPs who face considerable yet different forms of discrimination. The forthcoming National Human Resources for Health Strategy will quantify staffing and training requirements for the continued expansion of the National AIDS Program; pre- and in- service capacity building in gender and health care service delivery will be*



included.

*The mandatory external project performance evaluation that will be planned by USG/Ukraine shall assess the extent to which both sexes participate and benefit, the degree to which the project designed and contributed to reducing gender disparities in opportunities and improving the situation of disadvantaged women and men. Lessons learned with regard to gender will be highlighted. Evaluation Statements of Work will specifically require attention to gender and ensure that gender expertise is included on the evaluation team. Ability to address gender issues will be a selection criterion in selecting the evaluation team. The project evaluation will determine whether gender equity is promoted, eroded or unaffected by project activities.*

#### *Strategic information*

*USG/Ukraine is supporting the GOU with strengthening strategic information, research, and the use of epidemiological data related to OVC and MARPs, including PLHIV. In Ukraine, there is a strong HIV surveillance system in place that utilizes a variety of data collection techniques for monitoring and evaluation. The system is of reasonable quality, and managed by trained staff with the skills to collect, analyze, and interpret data. A major issue is that HIV surveillance capacity is still not under the authority of the MOH. The MOH requires capacity building in order to fully takeover this responsibility. In addition, the results of HIV surveillance are not adequately interpreted by program implementers and do not feed back into revising strategies for better programming, segmenting, and targeting of higher-risk subgroups of MARPs. The lead agency for SI is the National AIDS Center which is being strengthened by CDC and is PR under Round 10.*

*USG/Ukraine's support to the Global Fund Principal Recipients and the GOU in strategic information include technical assistance to help ensure that HIV prevention programs targeting MARPs and OVC are state of the art, data-driven, respond to changing epidemic patterns. These include rapid formative assessments in HIV prevention among MARPs, disseminating recommendations for adapted interventions, and disseminating adapted interventions. It also includes technical assistance to increase data quality and the use of data for strategic and programmatic decision making.*

#### *Technical assistance priorities include:*

- Improved data quality about MARPs populations (e.g. via higher-quality size estimation methods for MSM and sexual partners of MARPs by partner type; overlapping risk behaviors)*
- Strengthened capacity of the GOU and CSOs, with a focus on Global Fund Round 10 Principal Recipients, to triangulate epidemiological data and research during all stages of program design, implementation, and outcome monitoring data*
- Strengthened capacity of the GOU and CSOs, with a focus on Global Fund Round 10 Principal Recipients, to use rapid qualitative and quantitative survey to drive programmatic design, such as targeting messaging, and monitoring data*
- Strengthened GOU capacity to inform the HIV response with current epidemiology, and to provide leadership, guidance, and technical assistance within the GOU and to civil society in the use of strategic information and research data.*

*USG is also providing technical assistance through monitoring and supervisory visits to in-patient TB clinics and out-patient PHC clinics at the oblast, rayon, and city levels to support adaptation and implementation of an electronic TB register (E-TB Manager), a system which will unify and centralize TB case management and TB drug supply and use. Monitoring visits will identify and immediately address weaknesses in performance with on-the-spot mentoring and training. In coordination with the Global Fund Program, E-TB Manager has been introduced in all 25 oblasts and two municipalities. The process has also produced the additional unplanned benefit of reinforcing the need for recording and reporting accurate data and providing it in a timely fashion. In addition, reporting forms and standards are aligned to international requirements.*

*USG program with support of the Ukrainian AIDS Center conducted an assessment of the pharmaceutical management information systems (PMIS) for HIV/AIDS to evaluate existing PSIM elements, including systems,*



processes, data and technology. The assessment has already pointed out that there are multiple vertical streams of information, but no effective mechanism for collating and analyzing them. It was recommended to develop a sustainable centralized data repository that facilitates triangulation and synthesis and integration of information to strengthen data collection, analysis, interpretation and use. USG aims to ensure evidence-based decision making for managing HIV/AIDS services and medicines all levels of health systems.

#### Capacity Building

The USG TB Control program contributes to building capacity at the local and national levels to prevent, diagnose and treat TB, MDR-TB and TB/HIV co-infection including training TB doctors, laboratory specialists, and HIV/AIDS medical professionals on modern evidence-based approaches based on WHO Stop TB Strategy. The program strengthened TB laboratory network operations through supervision visits and regular review meetings on implementation of quality assurance procedures for laboratory diagnostics. USG technical support was also used to strengthen operation and effectiveness of the Regional Coordination Councils to sustain implementation of TB/HIV collaborative mechanisms. With USG support, a draft TB/HIV National Order was developed for effective diagnosis and treatment of TB/HIV co-infection cases. Reporting and recording systems have been substantially improved through six M&E trainings contributing to strengthening the overall surveillance system. Based on the recommendations of an earlier TB/HIV assessment, the program established TB/HIV working group at a national level with the purpose of development of National Standard Operational Procedure in TB/HIV (TB/HIV Collaborative Plan). The Plan will ensure sustainability of client-centered approaches in TB/HIV case management.

Strengthening capacity of counterparts in TB supply chain management focused initially on quantification of TB medicines, given the situation with their availability. USG program support was instrumental for the MOH TB Center to work on meeting the requirements and submit an application to the Global Drug Facility (GDF) for the third year of a grant for first line TB medicines. The application was approved, which will result in approximately the availability of an additional \$1,000,000 worth of first line TB medicines in early 2012.

Responding to the growing threat of increasing MDR-TB cases, the USG program continued its support to a Center of Excellence to strengthen capacity of Ukrainian TB specialists to effectively manage MDR-TB cases and to serve as a focal point to discuss modern international recommendations in MDR-TB diagnosis and treatment.

#### Technical Area: Governance and Systems

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	451,740	0
HVSI	1,335,929	0
OHSS	4,149,476	0
<b>Total Technical Area Planned Funding:</b>	<b>5,937,145</b>	<b>0</b>

#### Summary:

GS TAN

#### Introduction

Ukraine, the second largest country in Europe, has experienced population decline since independence. From 1991 to 2009, the population fell from 52 million to 46 million, a decrease of 12%. Until very recently, fertility was below the replacement rate of 1.2 children per woman. Low fertility, high mortality especially among men and out-migration have reduced population size and shifted in age structure to a higher proportion of older people.



*The average life expectancy is 62 years for males and 74 for females. The main contributor to the elevated mortality rate is non-communicable diseases (72%), particularly cardiovascular diseases and respiratory diseases and injuries. Infectious diseases are also a public health concern as it is estimated that 1.1% of the adult population is living with HIV/AIDS, which represents the highest HIV prevalence in Europe; and approximately 0.13% of the population are currently tuberculosis (TB) patients.*

*Maternal and infant mortality rates have been falling steadily. However, the maternal mortality rate in Ukraine is more than three times the rate in Western Europe*

#### *HIV/AIDS*

*Ukraine has the most severe HIV/AIDS epidemic in Europe and the Commonwealth of Independent States (CIS), with an estimated 325,000 adults living with HIV at the end of 2010. The number of newly reported HIV cases is increasing, with 20,489 newly reported cases of HIV infection in 2010, but the rate of increase is slowing. This represents a 3.3 percent increase over the number of newly reported cases in 2009. With an estimated HIV prevalence rate of 1.3 percent among the adult population ages 15-49, the epidemic remains concentrated among most at risk populations (MARPs), primarily among injection drug users (IDUs) and sex workers (SWs), especially those who are also drug users, and the sex partners of injecting drug users. A large proportion of PLWH are unaware of their condition, and therefore unable to take adequate measures to preserve their health status or prevent further transmission. While the prevalence among the pregnant women is >1% in the most affected areas of Ukraine (especially in the southeast) this appears to primarily reflect sexual spread from IDU rather than generalization.*

#### *Tuberculosis*

*Closely linked with HIV/AIDS, tuberculosis is the number one opportunistic infection with 20 % of HIV patients infected with both HIV and TB. In 2009 there was an estimated 5,200 HIV/TB cases (GHI Baseline Data 2011). Another serious and significant threat in Ukraine is multi-drug resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB). Ukraine has the eighth highest number of MDR-TB cases in the world. 16% of the newly detected TB cases and 42% of the previously-treated TB cases are MDR-TB (2006 study in Donetsk).*

#### *Health System Challenges*

*The Soviet health model, still prevalent in Ukraine, values and funds curative in-patient care (80%) over outpatient services (15%) and primary care and prevention (5%). The system makes minimal investments in pharmaceuticals and surgical techniques and has limited emphasis on evidence-based medicine. Budget allocations and staff are made based on capacity (no. of hospital beds, no. of trained doctors), rather than on performance or quality of care. The country has a vast and crumbling health infrastructure and a large number of health providers and medical schools have outdated standards of care. Many treatment methods, such as those for tuberculosis, remain ineffective and harmful and have led to multi-drug resistance.*

*The service delivery infrastructure for HIV, TB and rehabilitation for drug users through the narcology system continue to be vertical and highly specialized. These vertical public health systems do not coordinate services and greatly undermine development of a client-friendly continuum of integrated prevention, treatment, and care.*

*The key GOU actor in the health sector continues to be the Ministry of Health with significant involvement of Presidential Administration staff responsible for health and social sectors. Coordination and policy development in HIV and TB are delegated to the State Service on HIV/AIDS and Other Socially Dangerous Diseases, with the Ukrainian AIDS Center being the key coordinating body for HIV services. This entity also includes a national M&E center and National Reference Laboratory. The Ministries of Finance and Economic Development and Trade have significant roles in the current phase of health sector reform and in tracking the economic and financial sustainability of HIV and TB programs and services.*

*The USG will continue to work closely with the public sector including the: MoH, State Service for HIV/AIDS and Other Socially Dangerous Diseases, the AIDS Centers at the national and regional levels, Civil Society*



*Organizations (CSO) partners, All-Ukrainian Network of People Living with HIV/AIDS (PLWH), the International HIV/AIDS Alliance in Ukraine and other national level NGO-HIV service providers and advocates.*

*The USG PEPFAR agencies and partners will also continue close collaboration with other public and private HIV/AIDS donors, including GFATM, UNAIDS, WHO, UNICEF, UNODC, UNFPA, GIZ and the Clinton Foundation to increase the impact and efficiency of HIV/AIDS services.*

#### *GHI*

*The USG Ukraine Global Health Initiative Strategy is currently in the review process with approval expected in early 2012.*

*The vision for the USG under GHI is to enable Ukraine to achieve a level of health care comparable to its neighbors in Western Europe in targeted program areas and to meet both its national and citizen goals for healthier, more productive lives. The USG, through the principles of GHI, will seek opportunities to leverage its experience and technical know-how to advance improvements in the overall health sector in Ukraine via its existing programs. This will include areas such as advancing health policy dialogue on HIV, Health Information Systems (HIS), procurement and supply chain management, support to civil society and integrated messages through communication and programmatic outreach activities.*

*The GHI goals are to increase and in some circumstances correct citizen and health provider knowledge; improve the quality and use of information; and strengthen service quality and access, particularly in regards to gender, and for disadvantaged and most-at-risk-populations (MARPs). Such health services directly impact morbidity and mortality resulting from HIV/AIDS, TB, maternal and child health challenges, and inadequate reproductive health and family planning.*

*The cross-cutting focal area for the USG program under GHI will be the improved data for decision making for health workers and clients.*

*Currently, the USG health program consists of four entities operating within the US Embassy in Kyiv: USAID, CDC, DOD and the Peace Corps. Of these organizations, USAID and CDC provide the largest funding resources and have the largest number of full-time health staff. Peace Corps has approximately 170 Peace Corps Volunteers working on health related issues.*

*Almost all of CDC's, DOD's and USAID's health funds are earmarked for HIV/AIDS and Tuberculosis. FY2011 funds in HIV/AIDS and TB accounted for over 85% of USG funding in health, and this proportion is expected to grow to at least 92% by the end of 2012 as USAID ends its maternal and child health and water and sanitation programming.*

*With the USG and GOU HIV/AIDS Partnership Framework, the PEPFAR platform is the foundation for a GHI strategy that seeks to encourage country ownership and country-led plans, leverage other donors and stakeholders and improve collaboration for improved data and metrics. The USG is the leader in research and innovation in regards to piloting models and improving service delivery. As a TA model PEPFAR country, strengthened health systems and the promotion of an improved legal and regulatory framework are critical elements of the Ukraine PEPFAR program to promote sustainability and support the principles of GHI.*

#### *Leadership and Governance and Capacity Building*

*The USG is the key bilateral partner in the GOU dialogue and financing of health programs in HIV/AIDS as well as TB. In 2011, the USG-GOU HIV/AIDS Partnership Framework consolidated and stepped up the bilateral relationship. The current launch of the GOU-funded health sector reform program piloted in three oblasts (Donetsk, Dnipropetrovsk, Vinnytsia) and Kyiv provides an opportunity for the USG/Ukraine PEPFAR program to bring the issues of HIV/AIDS and HIV-TB coinfection into the health reform dialogue. The aim is to support the GOU's plan to integrate the HIV prevention and care agenda for MARPs into the existing primary health care services. This directly links to one of the GOU's key health reform objectives which is the consolidation of health facilities.*



*The USG serves as a bilateral representative to Ukraine's National Council on TB and HIV/AIDS and works closely with the State Service for HIV/AIDS and Other Socially Dangerous Diseases to ensure that USG assistance is closely integrated with Ukrainian national programs and priorities.*

*The USG will be working with the Ukrainian AIDS Center (UAC) and the Development of Ukraine Foundation for TB which have been named as Principal Recipients (PRs) for the GF grants for HIV and TB awarded in Round 9 and Round 10. The round 9 and round 10 grants are currently gearing up for implementation. These GF grants will substantially strengthen the GOU's capacity to deliver effective, client-centered and evidence-based HIV services for MARPs, procure and ramp up the distribution and use of a range of pharmaceuticals, equipment and commodities financed through the Global Fund HIV/AIDS and TB Grants.*

*The USG will continue to focus on alleviating legislative and regulatory barriers to NGO service provision and to MAT expansion and promote the implementation of anti-discrimination laws and policies to ensure the legal protection of MARPs living with HIV. Another USG objective to advance sustainable HIV programs is increasing government funding for local HIV-service NGOs. The USG will continue to facilitate collaboration between policymakers and civil society. In accordance with GHI principles, the USG supports an integrated multi-sectoral approach to prevent HIV/AIDS, strengthen health systems and increase impact by providing technical assistance, training and support for local partners across a spectrum of programs. Those local partners include the Ministries of Health, Interior, Defense, Education, and Social Policy.*

#### *Strategic information*

*The key components of Ukraine's national health information system (HIS) include a routine HIS managed by the MOH, an epidemiological surveillance system, and a vital statistics system. There is an established system for regular data collection and reporting through the routine HIS of the MOH. However, there was no tradition of evidence based decision making under the Soviet system. In addition, notable data quality issues exist for some types of indicators, and data quality assurance is a crosscutting challenge. Availability of easily accessible data on key health indicators to the public is limited. While there are abundant data flowing through the routine HIS and strong in-country capacity for data analyses, there is inadequate use of data for evidence-based strategic planning at the national level.*

*Considerable progress has been made in Ukraine in the systems related to HIV over the past few years, primarily through Global Fund, UN and USG support. This includes improving surveillance information on MARPs and M&E information on NGO HIV programs and reviewing data quality through data quality assessments (DQAs). The recently created M&E Unit of the Ukrainian AIDS Center collected data on national indicators for UNGASS reporting on behalf of the Government of Ukraine (GOU). However, information collected through MARP surveillance, M&E activities, research, or the UNGASS process are not routinely used to inform national and regional decisions on policy and program planning or resource allocation. Expertise on MARP surveillance has been developed by NGOs however, the involvement of GOU epidemiological staff in organizing, analyzing, or interpreting the surveys has been limited. Additional surveillance data is available from the longstanding GOU serologic screening and case-reporting system.*

*Programmatic M&E systems exist in certain areas (VCT, PMTCT, ART) but their reliability and practical utility remain questionable. Moreover, fragmentation of these systems creates a barrier to more efficient monitoring of programs and services. The USG has worked closely with the Global Fund, UNAIDS, and other stakeholders and partners in HIV/AIDS to strengthen M&E under the framework of the Three Ones Principles. A draft of the National M&E framework with the list of indicators and corresponding methodologies was developed and is currently undergoing review and approval at the Cabinet of Ministers. A network of regional M&E centers (one in each oblast) was created with financial and technical support of the USG and other donors and adequately staffing these centers is a priority.*

*The overarching goals of the USG in strategic information for Ukraine are to build on the existence of GOU*

organizations with HIV M&E functions to strengthen the other components by assistance to: 1) ensure the availability of sufficient data for decision making (program monitoring, surveys, databases, evaluation and research); 2) enhance the national capacity, especially of government structures, to direct and conduct strategic information activities (human capacity, partnerships, M&E plan and work-plan, advocacy; and 3) increase the use by government structures of available data (dissemination and use). In collaboration with the GOU, UNAIDS, WHO and other international partners, the USG will support HIVSI activities to meet these goals by: 1) filling existing gaps in strategic information through support for targeted M&E and assessment activities; 2) enhancing the technical capacity of the National M&E Center to lead coherent national M&E efforts and direct MARP surveillance efforts; 3) enhancing the ownership and technical capacity of other GOU structures, including continued support to regional M&E centers established thru GF Round 6 grant resources, in order to collect, analyze and interpret the surveillance and M&E data; 4) enhancing the use of data collected through these systems for program and policy decision making Goals and Strategies; 5) improving the education and training system for future M&E professionals; and 6) piloting innovative methods that can be scaled-up by the government.

### Goal 1

Ensuring the availability of sufficient data will be a major component of a new cooperative agreement with an organization with expertise in strategic information. This mechanism will support data collection activities to address important data gaps identified during development of the Partnership Framework that are not covered by the GF Round 10 grant. These gaps include additional data on MARPs and bridge groups, and on the effectiveness and acceptability of prevention, care and treatment models, especially rapid testing and MAT.

Pilots of innovative surveillance methods will be undertaken through cooperative agreements as part of the USG strategy to increase the capacity of the National M&E Center and the National HIV Reference Laboratory in collaboration with the Global Fund and other international partners. These activities will include enhancing the existing system of contact tracing of newly registered HIV cases, including improved linkages to care and prevention services. Other activities involve carrying out pilot evaluations of nucleic acid testing and testing of high-risk antibody negative screening specimens to identify individuals with recent HIV infection to allow better linkage to prevention and care services. Finally the USG will advocate for the adoption by the GOU of models such as the UNAIDS Estimation and Projection Package and the Asian Epidemic Model for epidemic prediction and advocacy purposes.

A new mechanism with an organization experienced in ART programmatic issues is proposed that will address the gaps in the existing ART monitoring system to increase data quality and system efficiency. Special efforts will be undertaken to ensure compatibility of data in all planned and existing electronic systems and to avoid redundancy and reduce burden for service providers.

### Goal 2

Enhancing the capacity of the national and the regional M&E Centers is a major component of a cooperative agreement between CDC and the Ministry of Health. Following the recommendations of a strategic information assessment of 2009, this agreement has a strong focus on the development of M&E infrastructure, routine data collection and health information systems. Specific technical aspects of this capacity development, including data analysis and use will be addressed by the existing ESIS contract as well as a new agreement. Establishing a foundation for methodologically sound collection and interpretation of indicators at regional and rayon levels will be another task of that mechanism.

The need to build a strong foundation for training of future M&E professionals will be addressed by an agreement with the NIH Fogarty International Center, which will work in close collaboration with the School of Public Health of the Kyiv-Mohyla Academy. This mechanism will offer short- and long-term training opportunities for current and future specialists and researchers.

### Goal 3

Enhancing the use of data will be a key part of the activities through each of the mechanisms listed. Targeted



*support for the GOU and regional authorities to increase understanding of the data as well as advocacy for evidence-based decision making will be provided through the new mechanism with an organization that has substantial SI and advocacy experience. It will work with the local M&E units to engage regional HIV/AIDS councils in the data collection and reporting process. This not only will increase awareness and promote informed policies, but will also support ownership of the data by the government.*

*Additionally, the USG will support strengthening the national surveillance systems for TB and HIV/AIDS. The USG has introduced e-TB which enables TB facilities to collect information more systematically and accurately on testing, treatment and care, forecast their needs for drugs and other supplies and report locally and nationally. The USG is also strengthening the Ukrainian AIDS Center to enable it to more comprehensively collect, analyze, and disseminate data on HIV/AIDS. The USG is examining the possibility to adapt the e-TB for this purpose. The USG will also continue to assist the MOH by developing and introducing a monitoring and evaluation tool that tracks financial expenditures and performance related to the State Program "Reproductive Health of the Nation up to 2015".*

#### *Service delivery*

*The USG-GOU HIV/AIDS Partnership Framework places an emphasis on strengthening key health systems to support long term, sustainable HIV/AIDS health care. One of the main overarching principles of USG activities is to facilitate multi-sectoral collaboration between civil society and public and private sector stakeholders to promote policies which expand access to quality care for MARPs and reduce policy, legal, regulatory and fiscal barriers to services. Under the Partnership Framework, the USG is redoubling efforts to collaborate with the GOU on eliminating key policy barriers to services. A new cross-cutting priority for the USG is support for the GOU's work on critical aspects of health reform which address the issue of consolidation of health facilities and increased coordination between services for greater efficiency and quality of care. The USG supports some current provision of MARP prevention services with a goal of transition to GF support over the next several years. The GF and USG programs include outreach rapid testing to allow individuals to know their status. Government programs (with combinations of national and regional funding) include widespread screening of pregnant women, blood donors, and of individuals with behaviors or symptoms indicating higher risk, care (including lab monitoring) at AIDS centers of infected individuals, and provision of gradually increasing access to ARV treatment. The GOU currently procures most of the ARV drugs distributed in the public sector. The GF NGO grantees provide support services, independent monitoring of government care and treatment programs, and procure and supply the GF share of the ARV drugs. Although the USG is not planning to expand direct treatment services, the USG does support improved assessment of the target prevention populations by prevention organizations and improved supply chain management and procurement by the GOU. This support will contribute to improved access to quality ARV services.*

#### *Human Resources*

*A number of broad organizational development and human resource issues continue to constrain the effective implementation of Ukraine's National AIDS Program. First, vertical and specialized health structures without adequate coordination mechanisms prevent development of a decentralized, client-friendly continuum of integrated prevention, treatment, and care. Services are physician-centered and policies limit the roles of facility-based lower cadre health care providers, NGOs, or the private sector in service provision. Pre-service education curricula are not aligned with the emerging new requirements in important areas such as HIV/AIDS, TB and reproductive health. Medical professionals receive a strong basic education in medicine but weak training in such important areas as biostatistics, M&E skills and operations research, counseling and communication especially with MARPs. To date, Ukraine lacks a National HR Strategy to guide education, planning, and budgeting efforts. Human resources are not centrally monitored and no system exists to collect and use information on human resources to address current and future needs. Salaries are low, personnel are aging and retiring and the positions of doctors as well as nurses, lab workers, staff of AIDS and TB centers and even the State Service are difficult to fill.*



*The USG Ukraine support for human resources for health (HRH) is focused on the following priority areas: strengthening human resource (HR) planning and management, including the implementation of national HR plans; developing in-service education programs for health professionals; and addressing HRH political, legal, and regulatory barriers.*

*The USG-funded projects will support institutionalizing continuing education curricula for health providers and pharmacists, developing national guidelines and clinical protocols for inpatient and outpatient services, and assistance to revise educational curriculum for medical universities and colleges.*

*The 2011 USAID Ukraine Health System Assessment identified the lack of a national HRH development strategy and plan and the absence of basic modern HIV curricula in pre-service medical training as key deficiencies. The USG plans to address these through a new HIV capacity and policy project. This project will support the development of a HRH plan for HIV and new position descriptions including new roles and responsibilities for physicians, nurses and social workers. This activity will also pilot and institutionalize integrated HIV curricula, including anti-stigma and patient rights for pre-service training of general practitioners and other non-infectious disease doctors and nurses.*

*In FY12, the USG will work with the Ukrainian AIDS Center and WHO to strengthen the system of training and mentoring for adult treatment. Through a centrally managed cooperative agreement with ITECH, the USG will support work with the National HIV/TB/IDU Training Center, the national HIV treatment mentoring unit at the Lavra clinic, and the Ukrainian AIDS Center to improve clinical mentoring and HIV treatment curricula and meet the training needs for further expansion of ARV treatment and integrated HIV care.*

#### *Lab strengthening*

*Progress has been made in strengthening and improving laboratory services in Ukraine. Ukraine has an extensive, tiered HIV laboratory system with screening for HIV performed at 124 laboratories nationwide with second tier confirmation testing performed at 20 regional and one central laboratory. However the HIV laboratories consistently lack adequate resources and conditions to provide quality results and staff does not receive adequate training and support. Similar issues exist with the separate and vertical TB laboratory system.*

*With support from WHO, the Ministry of Health developed a "Strategy to improve the system of HIV-related counseling and testing and standardized laboratory diagnosis for 2009 – 2013". Two of the four key objectives of the decree involve the reorganization and redirection of the HIV reference laboratory under the Ukrainian AIDS Center (UAC) to become a National HIV Reference Laboratory (NHRL). The NHRL coordinates, organizes and provides technical oversight of the HIV laboratory network in Ukraine. Currently, the elements that constitute the NHRL are housed in separate locations in Kyiv. In line with goal #3 of USG-GOU HIV/AIDS Partnership Framework (to strengthen national and local leadership, capacity, institutions, systems, policies and resources), the USG will provide technical and logistic support to Ukraine's laboratory infrastructure. Capacity building will include strategic work with the central NHRL operation as well as providing training support for the regional HIV laboratory network. Additionally, the USG will continue to provide assistance to strengthen the national laboratory network for quality TB diagnostics, improve treatment regimens and institutionalize best practices.*

*The USG's FY 2012 laboratory infrastructure strategy in Ukraine is to continue technical assistance and logistical support to strengthen the capacity of the NHRL and the regional HIV laboratory network. The USG will continue working with the appropriate Ukrainian national and regional government agencies, international organizations, and GAP Atlanta to ensure the establishment of sound laboratory guidelines, regulations and testing algorithms, as well as the timely delivery of quality-assured laboratory results to all prevention and care/treatment programs.*

*The technical assistance is provided through the Atlanta-based USG laboratory staff, as well as partner laboratory TA organizations through centrally managed USG contracts with the Association of Public Health Laboratories (APHL), the American Society of Clinical Pathologists (ASCP), and the American Society for Microbiology (ASM). Support for equipment and infrastructure for the NHRL will be provided through a current cooperative agreement*



with the MOH. Guided by a focused assessment that was conducted by staff from Atlanta and APHL in the second quarter of 2010, the USG with implementing partners developed a technical assistance plan. Initial areas of focus for technical assistance will include laboratory management and strategic planning, quality assurance/quality control for rapid testing. APHL and ASCP in collaboration with local CDC staff have conducted a planning workshop for the HIV laboratory network development. The workshop confirmed the key gaps and elaborated the technical assistance plan.

APHL has a specific focus on QA/QC procedures that will link the NHRL with oblast-level HIV reference labs. The QA/QC strengthening will include the development and implementation of standard operational procedures (SOP), management training, and improvements in the laboratory information systems. ASCP will work with training institutions to adapt and translate pre-service curricula for rapid testing, CD4, hematology, chemistry, and smear microscopy training. They will work with the NHRL to develop a national training strategy and will train and mentor national-level trainers who will, in-turn, train staff in the oblast-level reference laboratories. ASM technical experts (mentors) will provide in-country support for development of quality assurance system for rapid testing and in selected regions participating in USG-supported HIV/TB programs for microbiology for tuberculosis and other aspects of TB laboratory systems.

#### Health Efficiency and Financing

USG assistance in HIV/AIDS and TB leverages Global Fund resources by building public sector and NGO capacity to plan, deliver and monitor HIV/AIDS and TB services and by strengthening the policy environment to promote access to quality services. The GF provides the largest outside financial resources to Ukraine for TB and HIV/AIDS, including the Round 9 TB grant for: \$95 million for 2011-15, and the Round 10 HIV grant for \$300 million for 2012-16. Medication Assisted Therapy (MAT) is a specific area for GF and USG-collaborative funding. Since 2008, the USG has been working to test the efficacy and acceptability of MAT services in different health care settings including AIDS centers, drug outpatient treatment centers, TB dispensaries and general hospitals. This work led to the roll-out of these services to over 6,000 clients in 2011. The GOU, through its signature on the Global Fund HIV/AIDS grant submission, has pledged to reach 20,000 clients with MAT by 2012. Furthermore, the USG hopes to support the GOU's vision of a partnership with the private sector for the local production and distribution of liquid methadone. Implementing MAT with liquid methadone is a promising approach to strengthen programs with IDUs. Liquid methadone is easier to monitor and regulate, resulting in fewer obstacles and objections by law enforcement. Experts from The Health and Human Services domestic substance abuse agency (SAMSHA) are now working with the USG Ukraine team to develop a plan of action for the introduction and pilot testing of liquid methadone.

In FY 2012, the USG (through CDC and/or USAID projects in HIV SI/prevention areas) plan to collaborate, provide technical support and, potentially, to co-fund an Efficiency Survey planned by UNAIDS and the World Bank that would look at harm reduction, MAT, ART and integrated care (MAT-ART-TB/DOHS) service provision supported through the GF current Round 6 grant. The findings and recommendations of the survey would inform future FY2013 USG programs for comprehensive and cost-effective HIV services for MARPs, including IDUs and their partners.

CDC, through a new mechanism with an organization involved in ART provision will facilitate the use of data-driven and effective planning of drug supply and human capacity, which will lead to more efficient ART delivery and resource allocation.

#### Supply Chain and Logistics

The USG, through the follow on procurement and supply management (PSM) project, aims to respond to critical needs to increase the availability and appropriate use of quality-assured and effective HIV/AIDS and anti-tuberculosis medicines. Strengthening pharmaceutical management systems includes assistance to the public sector to improve information systems for TB case management especially for MDR-TB and for the overall management of TB medicines, as well as information systems for HIV/AIDS programs. Functional information systems provide the platform for an effective decision-making process for pharmaceutical management operations



and the achievement of desired treatment outcomes. The program will improve governance of the pharmaceutical sector by strengthening pharmaceutical policies, structures and systems, roles, responsibilities and accountability to help assure TB and HIV/AIDS drugs appropriate management practices.

Activities will cover all 27 regions of Ukraine targeting health care professionals providing TB and HIV/AIDS services, as well as government officials responsible for decision-making and implementation of drug management policies. At the national level, the follow on PSM project will continue to build the capacity of the National TB Center and the Ukrainian AIDS Center and will provide technical assistance to the Procurement and Supply Chain Management Technical Working Group or other designated body to identify and develop solutions to pharmaceutical management challenges in TB and HIV/AIDS. The follow on PSM project will assist counterparts to assess gaps in capacity or resources for implementation in each oblast, mobilize resources in collaboration with other partners to address them, and provide post-implementation support.

**Gender**

The UNAIDS Global 2010 report estimated HIV prevalence rates are three times higher among young women (15 to 24 years of age) in Ukraine than in Western and Central Europe and two times higher than among young men. Unlike Western and Central Europe where HIV is concentrated among MSM, nearly half of the estimated prevalence in Ukraine (350,000 HIV cases) is among women. Though women tend to be excluded from harm reduction and drug treatment programs worldwide despite their vulnerability, the current situation presents an opportunity in Ukraine to focus on women's needs and improving access to information and services.

All USG implementing partners include gender considerations and gender analysis to inform planning and implementation of project activities, particularly in public health communication and education and training. Communication efforts give close consideration to gender issues in developing messages and incorporate gender-based approaches into ongoing dissemination efforts.

In support of gender equality, the USG agencies and their implementing and donor partners review legislation for biases, seek balanced representation on sub-grant review committees and in training opportunities, considers time constraints of parents when scheduling events, supports leadership roles for women, and break down gender stereotypes with events and publicity materials. All USG programs disaggregate participation and beneficiaries by gender.

The USG, in its efforts to improve data for decision making and make optimal programmatic choices, analyzes gender as an important variable, particularly in its infectious diseases program. Of particular concern is the rising rate of infection among the partners of injecting drug users, most of whom are women. The USG's new prevention and SI mechanisms will have a specific focus both on female injecting drug users and female partners of IDUs.

The USG will continue to seek areas where its health programs can intersect with some of these gender-specific issues related to male mortality, such as expanding its programming with prison populations in TB and HIV/AIDS, and of course, continuing to focus on injecting drug use and prevention of HIV transmission.

**Technical Area: Management and Operations**

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	1,052,338	0
<b>Total Technical Area Planned Funding:</b>	<b>1,052,338</b>	<b>0</b>

**Summary:**



(No data provided.)

#### Technical Area: Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HMBL	749,762	0
HMIN	0	0
HVAB	20,196	
HVCT	336,871	0
HVOP	1,284,951	0
IDUP	2,673,638	0
<b>Total Technical Area Planned Funding:</b>	<b>5,065,418</b>	<b>0</b>

#### Summary:

Prevention TAN

#### Overview of the Epidemic from an HIV Prevention Perspective

The HIV epidemic in Ukraine continues to be driven by unsafe drug injection and sexual practices, and remains concentrated among MARPs, IDUs, prisoners, FSWs, MSM, and the sexual partners of these populations. By the end of 2009, the estimated HIV prevalence among the adult (15-49 year old) age group was 1.29%. UNAIDS estimates 350,000 people live with HIV (PLHIV). The reported cumulative number of clients registered with the national AIDS Centers at the beginning of 2011 is 183,364.

Based on national statistics, the main mode of transmission in 50% of the reported cases of HIV was injecting drug use and 32% to sexual transmission. Since 2007, the reported primary mode of HIV transmission has shifted from IDUs to sexual transmission through the partners of MARPs, showing a changing epidemic pattern and the necessity to focus future prevention efforts increasingly on changing sexual behaviors of MARPs while continuing to scale up harm reduction activities for male and female IDUs. In 2009, the gender distribution of new HIV cases was 55% men to 45% women. The epidemic continues to affect mostly urban areas, with only 21% of new cases in 2009 registered in rural areas.

Injecting drug users (IDUs) are one of the main groups at risk of HIV infection in Ukraine. According to national estimates, Ukraine has some 360,000 people who inject drugs; this represents an overall IDU prevalence of 1% of the total population over the age of 15. The 2009 Integrated Bio-Behavioral Surveillance (IBBS) showed 21.6% HIV prevalence among drug users (20.5% in males and 25.1% in females) and provides critical information regarding the types of drugs used. Most male and female IDUs inject opioids (75%), while some 16% inject methamphetamine and 10% use other stimulants. For many, home-made opiates, such as "shirka", are still the drug of choice and they switch to stimulants when opioids are not available on the market, thus 22% of IDUs use both opioids and stimulants.

Another at-risk group is prisoners. Approximately 130,000–140,000 people are incarcerated at any given time in Ukraine— one of the highest incarceration rates in the world (323 per 100,000 population). According to the national statistics, just over 30% of these people have been tested for HIV even though prisoners account for approximately 12% of the officially registered annual new cases. The 2009 IBBS reported that HIV prevalence among prisoners in 2009 was 15% (32% in women and 12% men). A high proportion of prisoners have a history of drug use (56%) and

injecting drug use (35%).

*Other risk populations include sex workers, street children, and MSM. Within Ukraine, the estimated population size of FSWs is between 65,000 and 93,000. 16% of the sampled FSW reported being current drug users, with 58% of them reporting an injecting drug history, while another 24% FSW reported a history of any drug use. It is estimated that 30,000 children in Ukraine are street children. Injecting drug use was the overwhelming risk factor for HIV infection in the sample, with 77% of the infections found in the one-third of youth who admitted IDU. The estimated size of MSM in Ukraine has been projected to range between 95,000–213,000. The number of officially registered cases of HIV infection among MSM is 285 between 1998 and 2009, with a significant increase in the number of reported new cases in the past five years (9 in 2004 versus 95 in 2009), possibly showing a current HIV epidemic outbreak in MSM. These numbers appear to be seriously underreported. Based on the 2009 IBBS, the prevalence of HIV among MSM is 8.6%.*

*Since 2002, the United States Government (USG) has worked with the Government of Ukraine (GOU), other donors, multilateral and international agencies, non-governmental organizations and the private sector to prevent transmission of HIV and contain the spread of HIV among most-at-risk populations. The current program of assistance supports GOU efforts to: strengthen the HIV/AIDS policy and legislative environment; expand prevention and care information and services to vulnerable populations, including access to MAT for IDUs; reduce the stigma and discrimination associated with HIV/AIDS; and build governmental and nongovernmental (NGO) capacity to plan, implement, manage and monitor Ukraine's National AIDS Program. USG/Ukraine has designed and executed its programs in close collaboration with the GOU and Global Fund to ensure that projects complement and optimize national and donor resources, especially those from the Global Fund Round 6 and 10 grants. All projects contribute to the achievement of the GOU's national HIV/AIDS response goals and objectives. All USG-funded projects are designed based on epidemiological data, and USAID conducted an HIV Prevention Assessment in January 2011 to guide its next five years of prevention programming.*

*The following outlines some of USG/Ukraine's successes in HIV prevention to date. The PEPFAR-funded partner, Alliance Ukraine, and over 100 sub-recipients work to reduce HIV transmission and AIDS-related illness and death in Ukraine through interventions focused on most-at-risk populations, including IDU, FSWs, MSM, prisoners, street children, and vulnerable young people up to 24 years of age. The backbone of the program is direct service delivery through community based harm reduction NGOs. The routes of service provision are service points (office, community center, and hospital room), outreach routes (street, apartments), mobile clinics and pharmacies. The Alliance and its partners have been highly successful in reaching most of its coverage targets. About 165,000 IDUs (58.5% of the estimated population), 25,000 sex workers (36.5%) and 18,000 MSM (15.7%), 29,000 prisoners (20.0%) and 37,000 street children were covered with prevention services and about 6,000 patients were on substitution treatment at the end of year 2010.*

*An initial outcome evaluation shows a positive trend in adoption of safe injection behaviors by IDUs: the use of sterile drug injection paraphernalia was 79.9% in 2006 and reached 90.2% in 2009 and the reported use of condom during the last sexual intercourse is also increasing, reaching 58% in 2009. The impact of the program is best seen in large cities where harm reduction programs have reached high levels of coverage (i.e. Donetsk, Odessa) and in IDUs with a brief history of injecting drug use (less than 2 years). In eight urban sites, HIV prevalence has consistently been decreasing from 29.9% in 2004 to 11.2% in 2008. Sentinel surveillance in thirty cities within Ukraine corroborates this data: in 2009 the median value of HIV prevalence was 23%, the lowest indicator since sentinel epidemiological surveillance was introduced.*

*USG/Ukraine has co-funded the rollout of MAT in Ukraine. A preliminary analysis of routine clinical data indicates that MAT dramatically reduces HIV risk and HIV transmission among IDUs in Ukraine. Of a total of 2,247 patients included in the data set, 46.1% were HIV-infected at admission, 20.9% had an HIV test within six months prior to admission, and 33% were never tested or did not confirm an HIV result during six months before admission. Of the 1,871 patients recruited more than 12 months before data entry, 38.1% dropped out. The proportion of uninfected IDUs increased significantly by 49.1% (dropout OR=0.92, 95% CI (0.8-1.1)). The 209 patients were confirmed as*

*uninfected at admission. Only one sero-conversion was observed; estimated incidence rate is 0.4%/year.*

*Key priorities and major goals for the next two years include a re-balancing of USG/Ukraine's investment in technical assistance, capacity building, policy and advocacy, and service delivery, with strategies required to achieve the most effective and economical results in HIV prevention. With the advent of scaled up HIV prevention under the Global Fund Round 10 award, the USG will focus resources on providing technical assistance aimed at strengthening the overall quality and outcomes of Global Fund and GOU programming. As such, all USG/Ukraine HIV prevention programs are carefully designed to complement and leverage these resources. This includes a potential gradual scale-down of funding for direct service delivery.*

*The overall approach is technical assistance to support the GOU, Global Fund Principal Recipients, and CSOs to enhance HIV prevention programming that is evidence-driven, high quality, economical, and achieves results at population levels. This entails the provision of technical assistance to help ensure that HIV prevention programs are state of the art, data-driven, respond to changing epidemic patterns, and are disseminated, and to increase the technical quality and cost-effectiveness of combination HIV prevention programs targeted to MARPs. Other assistance will help ensure that technical assistance activities related to legislation, regulatory policy, and advocacy will result in action-oriented outcomes at the national level and decentralized (Oblast and Rayon) levels and enhance and monitor a public health and human rights HIV prevention response. USG/Ukraine assistance will help with the design, piloting, evaluation, and dissemination of technically-sound, cost effective HIV prevention models to be taken to scale with GOU and Global Fund resources, with assistance to prepare tested models before they are taken to scale.*

#### *HIV Testing and Counseling (HTC)*

*HTC appears to be acceptable within Ukraine generally. There is a wide range of infrastructure and venues for HTC targeted to MARPs, including facility and community-based and mobile services. Gaps in HTC include the lack of a rapid testing algorithm and need to do several confirmatory tests at a different venue (the AIDS Centers). This impedes and delays the receipt of results, increases loss to follow up, and hinders point of care entry. Many infected individuals do not register at a local AIDS Center, which is the prerequisite for accessing the HIV continuum of care. There is no systematic approach to testing the sexual partners of infected MARPs, and support for partner notification is weak.*

*Through advocacy and technical assistance, USG-supported programs will address outstanding gaps in HTC. These include the revision of regulations to allow for a rapid testing algorithm for HIV confirmation, and a guarantee of confidentiality of medical records and the enforcement of such as per existing regulations. Technical assistance to HIV prevention programs will focus on increasing HTC among the sexual partners of MARPs. Programs will enhance linkages between community-based HTC and other services, such as ART and MAT, including confirmatory testing to decrease loss to follow up, especially for IDUs.*

#### *Condoms*

*Most of the programs that provide behavioral interventions targeted to MARPs include condom distribution and some supporting BCC. Condoms seem to be widely acceptable among MARPs, as evidenced by condom availability in different venues such as health clinics, AIDS Centers, and bars. Some FSW outreach programs are introducing the female condom. Sustainability of condom supply is an issue, since the GOU does not include condom procurement and distribution within annual health budgets. Condom procurement is included in the Global Fund Round 10 application, but it is unclear what the allocated amount included in the Global Fund budget for condoms actually is. The cost of private sector condoms has gone up, out-pricing many MARPs ability to pay.*

*Over the long term, advocacy with the GOU to phase in condom purchasing and distribution, with options for public-private partnerships, is an important strategy to ensure the sustainability of condom provision and distribution.*

### *Positive Health Dignity and Prevention*

*Positive Prevention services should be a routine standard of care in HIV prevention, care, and treatment settings, and are critical for reducing the risk of ongoing HIV transmission. Although HIV-infected Ukrainians are referred to and registered in AIDS Centers, there is no apparent formalized, evidence-based intervention for Positive Prevention services; interventions focus on ARV, TB and STI treatment, and adherence, supported by some counseling. However, the basic infrastructure and referral system is in place for potentially expanded Positive Prevention services, supported by community-based social workers, psychologists, and PLHIV. Some CSOs offer legal services to HIV-infected clients that could be expanded. Barriers to Positive Prevention services include loss of follow up between initial HCT and referral to the AIDS Center, and delayed initiation of ARV treatment due to current underfunding and stock outs of ARV drugs. An inherited vertical health care system impedes service integration.*

*USG/Ukraine will work closely with the GOU and Global Fund Principal Recipients to formalize positive prevention services through the piloting, evaluation, and dissemination of evidence-based models. This includes multi-directional referral systems between public sector facilities and CSOs who target MARPs. Service models will include community- and facility- based approaches, with a focus on MARPs-friendly services and decentralized delivery. USG/Ukraine will work with government counterparts to codify a core package of positive prevention services, including HCT, sexually transmitted infections (STIs), opportunistic infections, and ART management, condom distribution, behavior change communications, and psychosocial services.*

### *MARPs*

*IDUs – comprehensive prevention service packages (CPSP): Although Ukraine has developed strong CPSP and HIV prevention models, there are gaps in addressing HIV prevention among IDUs in a cost-effective and comprehensive manner throughout the country. The sexual partners of IDU are under-represented and not adequately reached by prevention programs. Although data suggest that 60% of the IDU target population is already reached with CPSP, the main priority is to expand program usage in a cost-effective manner to engage hard-to-reach IDUs and their sexual partners, and to maintain the protective behaviors of those already in the program. Policy and regulatory barriers to programs targeting IDUs, including the lack of harmonization of the HIV/AIDS and Drug Control laws, updating regulations and standards around waste management, and increasing access to CPSP for underage drug users are all gaps that must be addressed.*

*USG/Ukraine will facilitate linkages with other PEPFAR countries in order to research types of syringes used for different drugs, and share practices and transmission patterns. Technical assistance will aim to increase provision of a comprehensive HIV prevention package of services to defined segments within injecting drug use, with more focus on overlapping risk behaviors, and stronger targeted behavior change communications (BCC), referrals to HCT and Positive Prevention services, and CPSP in mobile clinics targeting sex workers. Assistance will also prepare, test, package, and disseminate state of the art and cost-effective HIV/AIDS service models to be taken to scale with GOU and Global Fund resources. Priorities include the existing pharmacy-based CPSP model, CPSP among harder-to-reach IDU, and cost-effective CSO CPSP service provision models.*

*IDUs – Medication Assisted Therapy (MAT): HIV-infected clients are able to receive MAT at AIDS Centers, while both infected and uninfected patients can receive services at narcology (substance abuse) clinics. The USG has provided support for pilot programs in Kyiv, Odessa, Mykolaiv, Sevastopol, and Kherson, reaching 300 HIV-infected patients with MAT. The model is a multidisciplinary approach for the management of patients with several diagnoses, including the integration of care usually provided by vertical systems in different locations (TB, AIDS, narcology, and STI centers), and case-management with psycho-social support. Currently, there are about 6,000 patients on MAT; well below the national target of 20,000 on MAT by 2013. MAT protocols appear, for the most part, to be in line with international standards, and services reach both HIV-infected and uninfected patients. There is considerable multilateral support and coordination for MAT in Ukraine, and MAT services feature*

*prominently in the forthcoming Global Fund Round 10 award.*

*The complete package of services does not always include wraparound services, such as employment support or the provision of MAT to pregnant women who are active IDUs. There are no MAT services for IDUs in pretrial, prison, or detention settings, which can lead to interrupted services. It is unclear if existing policy limits MAT eligibility for women, particularly for those uninfected. There is a sizeable attrition rate of clients in MAT programs: one study reported a 38% attrition rate at the end of one year which is consistent with global reports. There are many reasons for discontinuing MAT including incarceration, death, relapse in drug use, or the inconvenience of attending a clinic every day.*

*USG/Ukraine will support rapid formative assessments to investigate the causes behind and potential solutions to MAT dropout rates. Technical assistance will aim to increase provision of MAT services embedded within a comprehensive package for the prevention, treatment, and care of HIV among IDUs, and increase retention to MAT programs. Assistance will also prepare, test, package, and disseminate state of the art and cost-effective HIV/AIDS service models to be taken to scale with GOU and Global Fund resources. Priorities include MAT services embedded within a comprehensive package for the prevention, treatment, and care of HIV among IDUs, MAT services in pretrial and prison settings and linkages to MAT services post-prison release (the Recipient will support related activities conducted by UNODC), MAT service continuity across health care service points, and the existing wrap-around MAT model in AIDS Centers and TB clinics in Odessa.*

*Female Sex Workers: HIV prevention interventions for FSWs include a variety of services: condom and lubricant distribution, STI diagnosis and management, HTC (community-based rapid testing), HBV and HCV testing, counseling, and referrals to other services, including HIV confirmatory testing. The primary method of service delivery is via outreach to apartment- and street- based venues, while some programs offer FSW services within community centers. Most programs refer clients to a trusted provider network for STI treatment. The Alliance estimates that, by the end of 2010, 37% of FSWs have been reached with Alliance-supported HIV prevention services.*

*Not all elements within a state of the art package of HIV prevention services targeted to FSWs are provided. Implementers tend to deliver a standard package of services to all FSWs. They do not segment the FSW by prevalence of risk behaviors, despite the fact that needs vary greatly depending on context and situation (e.g., economic status, apartment-, street-, and highway- based; static or migratory status; injecting drug use). Based on the low levels of consistent condom use, condom distribution does not seem to be accompanied with a strong behavior change communication (BCC) component.*

*USG/Ukraine will support rapid formative assessments to investigate the HIV prevention context, behaviors, and needs within specific commercial sex work segments (e.g. injecting drug use; migration and seasonality patterns; economic stratification, client and manager attitudes and practices). Technical assistance will aim to increase stronger segmented and tailored approaches to specific commercial sex sub-populations, focused on higher risk FSWs (street-based, highway-based), and increase the provision of a comprehensive HIV prevention package of services, with more focus on addressing overlapping risk behaviors, and stronger targeted BCC, referrals to IDU and Positive Prevention services, and CPSP in mobile clinics and outreach.*

*Assistance will also serve to prepare, test, package, and disseminate state of the art and cost-effective HIV/AIDS service models to be taken to scale with GOU and Global Fund resources. Priorities include models to increase the engagement of gatekeepers, including sex work managers, to create a stronger enabling environment in support of HIV prevention among FSWs.*

*Men who have Sex with Men: HIV prevention interventions targeted to MSM are provided primarily by CSOs and include condom and lubricant distribution, HTC (community-based rapid testing), HBV and HCV testing, and referral to other services including HIV confirmatory testing. Programs reach MSM through outreach to venues where MSM congregate, such as bars, and through support groups held at community centers. The Alliance*

*estimates that, by the end of 2010, 16% of MSM have been reached with Alliance-supported HIV prevention services. ‘*

*Overall coverage of MSM with HIV prevention programs is low, particularly among non-gay identified MSM, “hidden” MSM, MSM with overlapping risk behaviors (e.g. injecting drug use), and among the female partners of MSM. Programs implement a partial package of HIV prevention services as per international standards for MSM. There are gaps in delivering interventions outside of familiar venues to underserved or most-at-risk MSMs (e.g. male sex workers) and consistent service provision in cruising areas. There are few MSM-friendly health providers which decreases access to specialized services.*

*USG/Ukraine will support rapid formative assessments to investigate the HIV prevention context, behaviors, and needs within specific MSM segments (e.g. “hidden” MSM; IDU; sex work; age segmentation). Technical assistance will aim to increase provision of a comprehensive HIV prevention package of services, with more focus on overlapping risk behaviors, and stronger targeted BCC, legal support, and referrals to MSM-friendly clinical, IDU, and Positive Prevention services. Another priority is increasing the number of HIV prevention interventions targeted to increased condom use with and HCT among female partners of MSM. Assistance will also prepare, test, package, and disseminate state of the art and cost-effective HIV/AIDS service models to be taken to scale with GOU and Global Fund resources. Priorities include taking the existing MSM outreach program in Odessa to scale and innovative HIV prevention interventions for reaching MSM, especially “hidden MSM” and the use of technology such as dating sites and Facebook.*

*Most-at-Risk Adolescents (MARA): The USG support CSO-driven HIV prevention initiatives among MARA, specifically street children services include information and education, psychosocial support, shelter, HCT, and condom distribution. Programs reach street children through outreach to venues where street children live and congregate, and at community centers. HIV prevention programs targeting street children are nascent, although current programs have already demonstrated some promising best practices and lessons learned to inform scale up of activities and services. There is a need for additional formative research on dynamics, network patterns, and behaviors to inform action-oriented programming tailored to segments within street children populations, as well as technical assistance to support the scale up of services within the country.*

*There are significant barriers to HIV prevention among MARA. These include current regulations on eligibility requirements for minors without parental consent or undocumented minors. HIV-infected MARA who do not meet eligibility requirements cannot receive a comprehensive package of prevention services. Lack of documentation among MARA (as well as the lack of resources to obtain necessary documentation) means that HIV-infected street children become adults outside of service provision and it is unclear how many are registered at AIDS Centers. MARA are a key underserved population within an evolving HIV epidemic.*

*USG/Ukraine will support rapid formative assessments to investigate the HIV prevention context, behaviors, and needs within specific MARA segments (e.g. injecting drug use; migration and seasonality patterns). Assistance will also prepare, test, package, and disseminate state of the art and cost-effective HIV/AIDS service models to be taken to scale with GOU and Global Fund resources. Priorities include youth-friendly CSO/public sector HIV prevention models for street children with wraparound elements (e.g. documentation services and legal support, job training).*

#### *HSS/HRH*

*USG/Ukraine support for human resources for health (HRH) is focused on the following priority areas: strengthening human resource (HR) planning and management, including the implementation of national HR plans; developing in-service education programs for health professionals; and addressing HRH political, legal, and regulatory barriers. Within the existing and new mechanisms in HIV and HIV/TB area, through all the four agencies, USG will continue to provide assistance to build the capacity of health care staff of the national and regional AIDS Centers, local healthcare workers and community/ CSO social workers. This will be achieved through in-service, short-term, modular training, study tours, as well as ad hoc consultancy in both program and*



*management aspects of service planning, provision and monitoring and evaluation.*

#### *Medical transmission*

*USG/Ukraine will provide technical assistance to the Ministry of Health and selected regional blood safety centers to improve blood safety in the Ukraine through a task order under a centrally managed CDC blood safety IDIC contract. These activities are to complement resources for blood safety provided to the MOH through a cooperative agreement with CDC. The current blood safety program in Ukraine is realized through regional blood safety centers acting on national guidelines with limited MOH financial support.*

*The goals for the HBML technical assistance are to support the MOH/regional blood centers to be able to develop policies and regional centers of excellence to pilot programs that would increase blood safety through: 1) development of a low-risk volunteer donor oriented program; 2) improvement of blood M&E, to include introduction of a computerized hemovigilance system; 3) improvement of cold-chain for blood and blood components; 4) establishment of a QA/QC system to cover all laboratories in the blood donation system; 5) adequate training of blood system technical staff at all levels; and 6) assessment and improvement of clinical blood utilization. Initiation of blood safety technical assistance will begin after MOH implementation of the CDC cooperative agreement which has been delayed due to the need for development of new MOH administrative procedures to receive external assistance.*

#### *Strategic Information*

*Strategic information, research, and the use of epidemiological data form the backbone of HIV prevention programming in any country. In Ukraine, there is a strong HIV surveillance system in place that utilizes a variety of data collection techniques for monitoring and evaluation. The system is of reasonable quality, and managed by trained staff with the skills to collect, analyze, and interpret data. A major issue is that HIV surveillance capacity is still not under the authority of the MOH. The MOH requires capacity building in order to fully takeover this responsibility. In addition, the results of HIV surveillance are not adequately interpreted by program implementers and do not feed back into revising strategies for better programming, segmenting, and targeting of higher-risk subgroups of MARPs. The lead agency for SI is the National AIDS Center which is being strengthened by CDC and is a PR under Round 10.*

*The Global Fund Round 10 intends to provide some technical assistance to the Ukrainian AIDS Center to build their M&E capacity as per the Three Ones principle. The USG is also providing technical assistance to the M&E Department within the Ukrainian AIDS Center to increase GOU ownership of and capacity to gather, analyze, and utilize data for programmatic decision making. This will help centralize the use of data for programming. Special emphasis will be placed on maintaining confidentiality and preventing data misuse.*

*USG/Ukraine's support to the Global Fund Principal Recipients and the GOU in strategic information include technical assistance to help ensure that HIV prevention programs are state of the art, data-driven, respond to changing epidemic patterns, and are disseminated. This includes rapid formative assessments in HIV prevention among MARPs and dissemination of recommendations for adapted interventions, and dissemination of adapted interventions (see above, MARPs section). It also includes technical assistance to increase data quality and the use of data for strategic and programmatic decision making.*

*Technical assistance priorities include:*

- Improved data quality on MARPs populations (e.g. via higher-quality size estimation methods for MSM and sexual partners of MARPs by partner type; overlapping risk behaviors);*
- Strengthened capacity of the GOU and CSOs, with a focus on Global Fund Round 10 Principal Recipients, to triangulate epidemiological data and research during all stages of program design, implementation, and outcome monitoring data;*
- Strengthened capacity of Principal Recipients and CSOs to oversee and supervise the application of strategic*



information and research by local organizations;

- Strengthened capacity of the GOU and CSOs, with a focus on Global Fund Round 10 Principal Recipients, to use rapid qualitative and quantitative survey to drive programmatic design, such as targeting messaging, and monitoring data;
- Strengthened GOU capacity to inform the HIV response with current epidemiology, and to provide leadership, guidance, and technical assistance within the GOU and to civil society in the use of strategic information and research data;
- Pilot, evaluate, and disseminate an innovative tool kit on the practical use of research and strategic information by CSOs; and
- Develop and assist with the execution of an implementation science plan for Ukraine and HIV prevention among MARPs.

### Capacity building

Since PEPFAR funding started in Ukraine, the USG has invested considerable resources in technical capacity building within the public, civil, and private sectors, taking advantage of the existing CSOs that work in HIV prevention. Some of the USG-capacity building and enhanced coordination models included “Participatory Sites Assessment” and establishing regional coordination mechanisms. To date, CSOs have received training in service provision and basic HIV prevention, with technical support and some quality assurance checks.

There are still gaps in capacity building, quality assurance, and ensuring a state of the art public health response in HIV prevention. Both the public and civil sectors generally lack a basic understanding of public health, HIV prevention, behavioral interventions, the use of data for programming, and quality assurance. Public and civil society cooperation has not been evaluated and packaged in a systematic way for scale up and replication under the Global Fund. Within both sectors, there is a lack of human resource planning to determine optimal staffing and coverage levels for HIV prevention services, such as criteria, delineation of responsibilities, and cost effectiveness in regards to reach and effect. At the CSO level, there is little internal capacity with standardized tools to assess program quality and many rely on external quality assessment. On a global level, there is a gap in establishing a quality-ensured models, standards, and tools for behavioral interventions addressing sexual transmission

Under the Global Fund Round 10 award, funds are available for scaling up technical and organizational development within civil society and AIDS Centers, although funds are insufficient for addressing quality assurance and some technical gaps. Potential issues related to capacity building include the oversupply of CSOs in some areas of Ukraine resulting in fragmented delivery of services, and the variation in technical and organizational capacity across organizations. Additionally, the public sector is loath to affect change without regulations in place, and without additional outside funding.

In close collaboration with the Global Fund, USG/Ukraine-supported capacity building activities in state-of-the-art HIV prevention will be cost-effective and sustainable and programmatically rational. They will add value to Global Fund activities and result in intended programmatic outputs and outcomes. USG support for capacity building will be packaged in way that can be adapted and scaled up throughout Ukraine. Approaches might include participation of high performing Oblasts and model programs in training others. USG resources will be used to pilot and disseminate evidence-based capacity building and quality assurance models. This includes systematic quality assurance model, standards, and tools for each intervention targeted to MARPs, packaged and diffused at the Oblast level along with corresponding national standards, and working closely with Global Fund Principal Recipients to develop and disseminate performance-driven models that tie technical and organizational development capacity building to performance standards.

### Policy and Legislation

Cross-cutting all HIV prevention efforts is policy and legislation. Overall, the USG has invested considerable resources in HIV prevention and supporting policy and legislation since the onset of USG supported HIV

*programming in Ukraine. There have been some important achievements to date: the HIV/AIDS Law was recently passed, and policy has been sufficient for the start-up and expansion of innovative services in MAT and CPSP. This has enabled civil society to participate from the outset and provide services. In addition, the public sector has adopted international standards in ART and HCT as policy. Achievements and issues regarding policy and legislation for HIV prevention as pertaining to each cadre of MARPs has been covered in the other sections.*

*There are still a number of gaps and potential threats to HIV prevention in regards to policy and legislation. The current policy environment impedes the scale up of quality HIV prevention services and poses a significant threat to current investments in MAT and CPSP. The human rights of MARPs are under threat, with disclosure of confidential health records sporadically violated by state entities. Current legislation does not address the rights of MARPs even though Ukraine is a UNGASS signatory (the HIV/AIDS Law recognizes the rights of PLHIV).*

*On a programmatic level, gaps in policy and legislation include conflicts between the HIV/AIDS and Drug Control Laws. Implementation of policy does not always conform to international standards (e.g. the requirement of one week inpatient ART before starting outpatient ART; placement of additional restrictions for MAT including age and drug career, two failed detoxifications; outdated medical waste management regulations). There are issues of equitable access to services and discrimination, such as eligibility standards, despite Ukraine's commitment to universal access to HIV/AIDS services. Some policies have been formally adopted but not implemented, e.g., expanded eligibility criteria for ART did not translate into increased access of patients to ART.*

*USG/Ukraine assistance will strengthen the enabling environment for HIV prevention, with a focus on MARPs, through activities related to legislation, regulatory policy, and advocacy and result in action-oriented outcomes at the national level and decentralized (Oblast and Rayon) levels. This includes the provision of technical assistance to augment the actionable policy and legislation environment.*

*Technical priorities include:*

- Harmonization of the HIV/AIDS and Drug Control laws
- Updated regulations and standards around waste management
- Access to CPSP for underage drug users
- Advocacy and interventions among MOH, law enforcement, and MOIA to develop a critical mass of support for MAT and the inclusion of MAT as a high quality, institutionalized, and GOU funded health care service
- Advocate for MAT to become an essential service within the MOH with higher volume services to increase public health impact, and with phased-in GOU funding included in annual budgets
- The development of regulations to allow for higher volume MAT services (e.g. revision of eligibility criteria, MAT access in other inpatient settings such as maternities, surgery and emergency hospitals; take-home doses, pharmacy-based methadone)
- Advocacy to increase the visibility of MSM HIV prevention needs within strategic planning and funding, particularly within MOH annual budgets
- Revised eligibility requirements for HIV/AIDS services for at-risk minors, with a focus on youth-friendly HCT, Positive Prevention and harm reduction services, and MAT
- Revised regulations to allow for a rapid testing algorithm for HIV confirmation
- Ensured confidentiality of medical records and the enforcement of existing regulations to protect confidentiality
- Advocacy with the GOU to phase in condom purchasing and distribution in annual budgets, with options for public-private partnerships
- Increased financing and managing for MAT, ARV, and condom procurement

*Another priority will be assistance to enhance and monitor a public health and human rights HIV prevention response through technical assistance. Issues include:*

- Ensure a human rights approach within the national HIV prevention response, including training and tools at national and decentralized levels to monitor adherence to legislation within HIV prevention
- Help create a strategy for enhancing legal services for MARPs as a specific and scaled up HIV prevention intervention



- Ensure that law enforcement at national and decentralized levels is neutral or supportive via initiatives with the MOIA and the law enforcement community; leverage other USG interventions in this area
- Build the capacity of CSOs to document and respond to stigma and discrimination and human rights violations

### Gender

*There are a number of gaps and opportunities for strengthening the gender response within Ukraine's overall national HIV prevention approach. Gender is an important dynamic in Ukraine's epidemic. Women, particularly female IDUs and women with high risk sexual partners, are increasingly becoming infected with HIV, and women now account for 43.8% of new cases. A 2006 report by the World Bank and the International HIV/AIDS Alliance noted the disparity between female and male incidence rates, at 0.88 percent and 0.5 percent, respectively. Access to services is considerably restricted by societal norms and health care provider attitudes to females within many at-risk groups; for example, female IDUs are less likely to access services because the label of drug user holds greater stigma for women than for men in Ukraine.*

*USG/Ukraine-supported projects will integrate gender into its activities in a pragmatic, results-focused manner, with an emphasis on gender equity in HIV/AIDS activities and services. Planned formative research will investigate the dynamics and issues related to the access and use of HIV/AIDS services by male and female MARPs. USAID will provide technical assistance to the GOU and Global Fund Principal Recipients to strengthen the delivery of gender-sensitive HIV/AIDS services, including MAT and CPSP, to female clientele. Other technical issues include sexual transmission prevention among male and female sexual partners of MARPs. USAID will also support the piloting of innovative gender-sensitive models for dissemination; the GOU and the Global Fund will roll out these models throughout the country. These include increasing CPSP and MAT service usage by female IDUs.*

*USG/Ukraine will work with the MOH to develop a strategic plan to reduce policy barriers and operationalize the National AIDS Program strategy. Policy issues will address increased gender equity in HIV/AIDS services and the reduction of gender-based violence and coercion, especially for MARPs. As part of its efforts to build a legislative framework and operational ethos for NGO service delivery, the USG will continue to provide technical assistance to individual NGOs to strengthen their capacity in working with MARPs and at-risk and bridge populations within the context of gender and HIV/AIDS. Continuing policy and advocacy issues will address health care accessibility, especially for MARPs who face considerable yet different forms of discrimination as males and females, human rights, and the reduction of MARPs-focused gender-based violence by security forces. The forthcoming National Human Resources for Health Strategy will quantify staffing and training requirements for the continued expansion of the National AIDS Program; pre- and in- service capacity building in gender and health care service delivery will be included.*

*The mandatory external project performance evaluation that will be planned by USG/Ukraine shall assess the extent to which both sexes participate and benefit, the degree to which the project designed and contributed to reducing gender disparities in opportunities and improving the situation of disadvantaged women and men. Lessons learned with regard to gender will be highlighted. Evaluation Statements of Work will specifically require attention to gender and ensure that gender expertise is included on the evaluation team. Ability to address gender issues will be a selection criterion in selecting the evaluation team. The project evaluation will determine whether gender equity is promoted, eroded or unaffected by project activities.*

### Technical Area: Treatment



Budget Code	Budget Code Planned Amount	On Hold Amount
HTXS	898,544	0
<b>Total Technical Area Planned Funding:</b>	<b>898,544</b>	<b>0</b>

### Summary:

#### *Treatment Coverage and Scale-up*

Since 2004, significant developments have occurred in the provision of medical care and treatment for people living with HIV and AIDS in Ukraine. The number of people receiving life-saving antiretroviral treatment (ART) increased from about 3,000 persons in 2005 to 24,500 persons in mid-2011. Despite such an increase and an initial decline in AIDS morbidity in 2007-2009, many people who need ART are not able to access it. Insufficient GOU funding in 2010-2011 has not allowed ART scale-up to continue at the pace originally projected, which has led to an increase in AIDS mortality (8% increase in 2011 compared to 2010). There are about 8,000 persons on the waiting list at the AIDS centers, and the total estimated treatment need may be as high as 57,000 persons, many of whom do not know their status.

It is anticipated that the FY12 GOU budget will support as many as 40,000 treatment slots, which would be a 60% increase to the current number. But considering the PSM limitations, the scale-up would not start before the second half of 2012 due to a long procurement cycle after funds availability. The Global Fund, which has supported the initial scale-up under Round 1 and Round 6 grants, will continue to support a limited number of people on ART (up to 9,000 by 2014 in Round 10).

The USG has not been directly involved in ART provision in the past, and given the anticipated availability of funds to cover the immediate need in ART and a number of existing systemic barriers to scale-up, the USG in 2012 will concentrate its efforts on addressing these barriers.

#### *Procurement and Supply Management (PSM)*

One of the biggest barriers to effective treatment provision is the multiple flaws in the procurement and supply management (PSM) system of the GOU. This has resulted in significant delays with drug procurement and a high probability of stock-outs. Both in 2010 and 2011, MoH procurement began in October rather than April-May, and drugs were finally distributed to the sites in January when the remaining stock levels were not sufficient to cover the following month's refill. The MoH PSM system is rather rigid, and to correct the imbalance in drug supply planning and utilization, 27 separate redistribution decrees had to be issued only in 2011.

A limited supply of drugs for treatment of opportunistic infections (OI) is procured under the GF grants, but many patients have to pay out-of-pocket for these essential medications. Cotrimoxazole prophylaxis, an effective method to prevent OIs, is not used on an optimal scale in Ukraine due to the low awareness of current recommendations. The USG proposes to address these barriers with several activities. At the systemic level, the proposed follow-on HIV Policy Project will focus dialogue and strategic TA at removing regulatory and operational barriers to implementation of essential HIV services, including the PSM issues preventing efficient use of funds. The proposed ART Support project will also advocate for scale-up of cotrimoxazole prophylaxis at the provider level. In 2012, the USG will seek approval to procure contingency stock of OI medications and possibly ARVs in case of an emergency request from GOU.

#### *Strategic Planning and Cost-Efficiency*

Lack of a strategic approach to projecting treatment needs, lack of a standardized methodology, and lack of tools for carrying out treatment needs assessments and drug forecasting result in annual drug stock-outs and treatment gaps. Currently the Ukrainian AIDS Center estimates the need for ART based on the clinical registration data submitted by regional AIDS centers. This estimation approach does not take into account the epidemiological situation and existing infrastructure, and therefore cannot be used to assess future needs and potential for scale-up.

*The new TBD ART Support mechanism will address this issue by developing guidelines on needs and infrastructure assessment and will facilitate the strategic planning process both at the regional and national levels. Better forecasting of necessary regimens and streamlining of the procurement process will contribute to greater efficiency of ART system in Ukraine.*

*A collaborative study of cost-effectiveness of various models of ART led by UNAIDS is planned for 2012 and the USG will be contributing expertise and funding to that study. The results of this study will better inform the strategy for the new PEPFAR/Ukraine projects.*

#### *Human Capacity*

*Under current legislation, only physicians who have completed a five-day training are permitted to prescribe ART. The curriculum is certified by the National Academy of Post-Graduate Education, but the training courses are being conducted by an NGO which hires specialists from one of the leading clinical institutions as trainers. The same specialists are providing clinical mentorship with on-site visits and phone consultations. Most of the training and mentoring visits are provided according to the GF Round 6 workplan, which does not cover all needs. There is no coordinated training plan among stakeholders involved in capacity building, nor is there a system to track the training process and monitor effectiveness.*

*Ukraine has successfully developed an extensive set of national protocols for HIV/AIDS treatment and care which represents the foundation for evidence-based clinical decision making. The scope and content of these guidelines are largely consistent with the latest WHO clinical protocols for HIV treatment and care. However, there is no systematic monitoring of the use of these guidelines.*

*I-TECH, a donor financed project, was launched in 2011. The continued activities will help coordinate the capacity building efforts among stakeholders, establish a national training network, address gaps in knowledge and expertise, develop mechanisms to monitor training efficiency and ensure sustainable improvement of clinical practice. Additionally, the follow-on Policy project will continue to improve policies for more efficient human resources allocation and update clinical guidelines if necessary.*

#### *Lab Capacity*

*Although Ukraine has an extensive HIV laboratory system in place, these labs lack adequate resources and conditions to provide quality results. The staff at these labs are not adequately monitored, and do not receive adequate in-service training and support. Similar issues exist with the separate and vertical TB laboratory system. The USG will provide technical and logistics support to Ukraine's laboratory infrastructure and capacity building through four existing funding mechanisms. The strategic approach of the USG to lab strengthening in Ukraine is described in the Governance and Systems TAN.*

#### *Treatment Models*

*ART currently is being provided within a vertical system of AIDS care, which consists of a network of 34 regional and city AIDS centers. Some AIDS centers have collaborated with the general health care facilities at the primary care level, creating a better clinical support system and another channel to dispense medication. The capacity of the staff at those institutions is insufficient for independent ART prescribing and monitoring. Overall, the model for the medical care and treatment of patients with HIV/AIDS has not yet been conceptualized or standardized. The exact role of the specialized AIDS Centers 20 years after their creation needs to be refined and a clearer role for the primary and tertiary care facilities and providers also must be defined. TB diagnostics and treatment services lie within the authority of a stand-alone TB service. Opportunities for integration of TB services are limited, and therefore coverage of TB screening and integration of TB and HIV treatment is suboptimal.*

*The USG's SUNRISE project has demonstrated the feasibility of a range of integrated care models for IDUs and has demonstrated the advantages of integration compared to a traditional vertical approach. The proposed follow-on project will continue this work and focus on institutionalization and sustainability of effective treatment and care models.*



### *Coordination*

*Considering the leadership and responsibility of the GOU in ART provision, the USG is primarily seen as a TA partner, which will strategically address gaps and strengthen the existing system. The USAID Health Office Director serves as a member of Ukraine's Country Coordinating Mechanism (CCM) and the National Council on TB and HIV/AIDS which includes representation of all bilateral donors working on HIV and TB in the country. This helps ensure that USG-supported programs are closely integrated with Ukrainian national programs, as well as all GF projects. Also, USG specialists serve as members of a range of technical working groups (MAT, Prevention, M&E, etc), which ensures coordination of all activities with stakeholders and avoids duplication of efforts.*

## Technical Area Summary Indicators and Targets

Future fiscal year targets are redacted.

Indicator Number	Label	2013	Justification
P4.1.D	P4.1.D Number of injecting drug users (IDUs) on opioid substitution therapy	n/a	Redacted
	Number of injecting drug users (IDUs) on opioid substitution therapy	0	
UA.414	Indirect support to to provision of OST or MARPs	50	Redacted
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	150	
P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV	n/a	Redacted



	prevention interventions that are based on evidence and/or meet the minimum standards required		
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	40,300	
P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are	0	



	primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required		
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	1,430	
	By MARP Type: CSW	0	
	By MARP Type: IDU	0	
	By MARP Type: MSM	0	
	Other Vulnerable Populations	0	
	Sum of MARP types	0	
P11.1.D	Number of individuals who received T&C services for HIV and received their test	36,690	Redacted



	results during the past 12 months		
	By Age/Sex: <15 Male	0	
	By Age/Sex: 15+ Male	0	
	By Age/Sex: <15 Female	0	
	By Age/Sex: 15+ Female	0	
	By Sex: Female	0	
	By Sex: Male	0	
	By Age: <15	0	
	By Age: 15+	0	
	By Test Result: Negative	0	
	By Test Result: Positive	0	
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	0	
	Sum of age disaggregates	0	
	Sum of test result disaggregates	0	
C1.1.D	Number of adults and children provided with a minimum of one care service	68,460	Redacted
	By Age/Sex: <18 Male	0	
	By Age/Sex: 18+ Male	0	
	By Age/Sex: <18 Female	0	
	By Age/Sex: 18+ Female	0	



	By Sex: Female	0	
	By Sex: Male	0	
	By Age: <18	0	
	By Age: 18+	0	
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	0	
	Sum of age disaggregates	0	
C2.1.D	Number of HIV-positive individuals receiving a minimum of one clinical service	67,225	Redacted
	By Age/Sex: <15 Male	0	
	By Age/Sex: 15+ Male	0	
	By Age/Sex: <15 Female	0	
	By Age/Sex: 15+ Female	0	
	By Sex: Female	0	
	By Sex: Male	0	
	By Age: <15	0	
	By Age: 15+	0	
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	0	
	Sum of age disaggregates	0	
	C2.4.D	C2.4.D TB/HIV: Percent of HIV-positive patients	



	who were screened for TB in HIV care or treatment setting		
	Number of HIV-positive patients who were screened for TB in HIV care or treatment setting	53,500	
	Number of HIV-positive individuals receiving a minimum of one clinical service	67,225	
C2.5.D	C2.5.D TB/HIV: Percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment	0 %	Redacted
	Number of HIV-positive patients in HIV care who started TB treatment	0	
	Number of HIV-positive individuals receiving a minimum of one clinical service	67,225	
H2.1.D	Number of new health care workers who graduated from a pre-service training institution or program	0	Redacted
	By Cadre: Doctors	0	
	By Cadre: Midwives	0	



	By Cadre: Nurses	0	
H2.2.D	Number of community health and para-social workers who successfully completed a pre-service training program	300	Redacted
H2.3.D	The number of health care workers who successfully completed an in-service training program	2,677	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	



## Partners and Implementing Mechanisms

### Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
7520	U.S. Department of Defense (Defense)	Other USG Agency	U.S. Department of Defense	GHP-State	172,000
12091	U.S. Department of Health and Human Services/National Institutes of Health (HHS/NIH)	Implementing Agency	U.S. Department of Health and Human Services/National Institutes of Health	GHP-State	100,000
12093	University of Washington	University	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHP-State	550,000
12845	Chemonics International	Private Contractor	U.S. Agency for International Development	GHP-State	1,100,000
12899	Pact, Inc.	Private Contractor	U.S. Agency for International Development	GHP-USAID, GHP-State	2,500,000
12957	Association of Public Health Laboratories	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
13168	American Society	Private Contractor	U.S. Department	GHP-State	250,000



	for Microbiology		of Health and Human Services/Centers for Disease Control and Prevention		
13232	TBD	TBD	Redacted	Redacted	Redacted
13252	World Health Organization	Multi-lateral Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	200,000
13268	American Society of Clinical Pathology	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	125,000
13435	Ministry of Health (MOH)	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
13582	UNODC	Multi-lateral Agency	U.S. Agency for International Development	GHP-State	1,200,000
14071	U.S. Peace Corps	Other USG Agency	U.S. Peace Corps	GHP-State	114,413
14219	American International Health Alliance	NGO	U.S. Department of Health and Human	GHP-State	650,000



	Twining Center		Services/Centers for Disease Control and Prevention		
14225	Program for Appropriate Technology in Health	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	500,000
14229	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
14235	International HIV/AIDS Alliance	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	500,000
14247	Management Sciences for Health	NGO	U.S. Agency for International Development	GHP-State	1,500,000
14251	University of North Carolina at Chapel Hill, Carolina Population Center	University	U.S. Agency for International Development	GHP-USAID	0
14252	Management Sciences for	NGO	U.S. Agency for International	GHP-State	0



	Health		Development		
14253	TBD	TBD	Redacted	Redacted	Redacted
14254	TBD	TBD	Redacted	Redacted	Redacted
14255	All Ukrainian Network of People Living with HIV/AIDS	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	852,500
16550	TBD	TBD	Redacted	Redacted	Redacted
16558	World Health Organization	Multi-lateral Agency	U.S. Agency for International Development	GHP-State	250,000
16692	TBD	TBD	Redacted	Redacted	Redacted
16693	TBD	TBD	Redacted	Redacted	Redacted
16718	University of California at San Francisco	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	150,000
16719	TBD	TBD	Redacted	Redacted	Redacted



## Implementing Mechanism(s)

### Implementing Mechanism Details

<b>Mechanism ID: 7520</b>	<b>Mechanism Name: VCT for the Military</b>
Funding Agency: U.S. Department of Defense	Procurement Type: Contract
Prime Partner Name: U.S. Department of Defense (Defense)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

<b>Total Funding: 172,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	172,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

*Within the USG framework, each USG agency focuses on its area of comparative advantage. The United States Department of Defense (DOD) manages USG support for HIV prevention programs in the military, with a focus on voluntary counseling and testing (VCT).*

*According to the 2007 Comprehensive External Evaluation of the National AIDS Response in Ukraine, relatively stable but consistent rates of HIV infection have been reported among sub-groups within the general population, including military recruits. There are an estimated 152,000 persons in active military services. The number of HIV cases among military personnel is small, but has increased in recent years. Higher rates are seen among those serving in United Nations peacekeeping missions overseas, indicating that this sub-population within the military is at particular risk for HIV. Behavioral surveillance among military personnel indicate frequent risk behaviors.*

*To date, limited HIV prevention programs have been implemented with the military, to most part funded by external sources. The 2007 External Evaluation calls for scaled up efforts to reach a significant proportion of the military with HIV prevention interventions, including HIV testing and referrals to care and treatment services. Of existing interventions, coverage, intensity, and quality should be strengthened.*



*To date, PEPFAR funding support for DOD collaboration with the Ukrainian military has to date resulted in the establishment of five counseling and testing centers, the development of related laboratory capacity, and improved staff technical skills. The DOD has also facilitated the utilization of rapid testing technology into these facilities that serve military personnel and their families.*

*The DOD technical assistance directly contributes the*

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**TBD Details**

(No data provided.)

**Key Issues**

- Military Population
- Workplace Programs

**Budget Code Information**

<b>Mechanism ID:</b> 7520			
<b>Mechanism Name:</b> VCT for the Military			
<b>Prime Partner Name:</b> U.S. Department of Defense (Defense)			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	172,000	0
<b>Narrative:</b>			
<i>This activity is being funded through the pipeline.</i>			



### Implementing Mechanism Details

<b>Mechanism ID: 12091</b>	<b>Mechanism Name: Fogarty</b>
Funding Agency: U.S. Department of Health and Human Services/National Institutes of Health	Procurement Type: Cooperative Agreement
Prime Partner Name: U.S. Department of Health and Human Services/National Institutes of Health (HHS/NIH)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:

<b>Total Funding: 100,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	100,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

*In 2010, CDC-Ukraine began to fund a NIH Fogarty International Center (FIC) mechanism to support training on technical capacity in HIV/AIDS disciplines. FIC has funded 23 AIDS International Training and Research Program (AITRP) Centers, including several working in the former Soviet Union. The goal of AITRPs is to train epidemiologists, laboratory specialists, clinicians, basic scientists, NGO program staff, and other professionals in disciplines needed to support HIV control programs and operational research. Typical AITRP components include short-term or degree training in Epidemiology, Biostatistics and Health Policy & Management; postdoctoral U.S. laboratory-based training; short-term in-country infectious disease (AIDS/HIV, TB, and others) workshops; blood banking/transfusion medicine; and training in research on socio-behavioral aspects of substance-use/HIV/AIDS risk. This training builds skill sets important to the sustainability of a national response to HIV. In Ukraine, Fogarty activities include support of needs identified during initial assessments of the Ukrainian AIDS Center and stakeholder meetings. Trainings included basic epidemiology and data analysis for NGO and GOU implementers of MARP studies; upcoming are manuscript writing and effectiveness evaluation workshops. With the State Service on HIV, Fogarty will help develop a national plan for operational research needs. A monitoring and evaluation plan will be developed to capture information on trainees, what they have been trained on, and how their skills have improved. Fogarty contributes to goals 2 and 3 of Ukraine's Partnership Framework including improved quality and cost effectiveness of HIV services for MARPs and strengthened national/local ability to achieve Ukraine's AIDS*

Approved



*Program objectives.*

### Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000
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### TBD Details

(No data provided.)

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b> <b>Mechanism Name:</b> <b>Prime Partner Name:</b>	12091 Fogarty U.S. Department of Health and Human Services/National Institutes of Health (HHS/NIH)		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	100,000	0

#### **Narrative:**

*Fogarty supports activities designed to strengthen health systems (OHSS) and human resources for health (HRH). FY12 funds will be used to support two in-country workshops trainings, two year-long (two semester) fellowships in US Universities, and in-country consultancies to help develop an operational research needs agenda. The workshops will focus on specific research topics developed in conjunction with major stakeholders including the State Service on HIV, and the three Global Fund Principal Recipients (Ukrainian AIDS Center, International Alliance on HIV/AIDS in Ukraine, All Ukrainian Network of People Living with HIV/AIDS). Fellowships will include academic coursework in the field of Epidemiology as well as extracurricular practical training opportunities.*



*The target population for these activities is current and prospective public health professionals primarily from GOU institutions working in the field of HIV, M&E specialists from NGOs and public health academic institutions. In-country activities will involve faculty and experts from US universities. Fogarty will become more cost efficient over time through the leveraging of educational resources within Ukraine, particularly the School of Public Health at Kyiv-Mohyla Academy.*

**Implementing Mechanism Details**

<b>Mechanism ID: 12093</b>	<b>Mechanism Name: ITECH</b>
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Washington	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:

<b>Total Funding: 550,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	550,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

*I-TECH is a HRSA multicountry mechanism supporting capacity development for HIV providers, especially in all aspects of ART. The rapid expansion and decentralization of ART in Ukraine is increasing the need for training of increased numbers and types of providers and new curricula are needed. Two new regional ART training centers will be set up in addition to the National ARV Training Center. This mechanism will increase the capacity to provide ART services by designing and incorporating new training curricula and supporting an ART training monitoring system to improve training planning.*

*I-TECH will work with the MOH, ARV training centers, AIDS Centers, and national pre/post-service training institutions to improve ART curricula and master trainers' skills and ART competencies. In addition to existing curricula, training topics will include program management, needs assessment, training methods, teaching skills, and monitoring and evaluation of training. Additional curricula, such as pediatric HIV, ART in penitentiaries, will*



*be developed upon request. I-TECH will strengthen the Ukrainian AIDS Center's ability to monitor the national decentralized ART training programs by introducing its open-source, web-based training data collection system (TrainSMART) modified to meet GOU needs.*

*All activities will be planned and conducted in close coordination with the national ART working group and other USG mechanisms.*

*Emphasis will be placed on building the capacity of future master trainers and mentors to ensure sustainability. The project will have a detailed M&E plan with indicators for each objective. The indicators will measure performance in terms of both the number of actual master trainers and participants trained and the number of curricula improved/introduced.*

### Cross-Cutting Budget Attribution(s)

Human Resources for Health	550,000
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### TBD Details

(No data provided.)

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b>	12093		
<b>Mechanism Name:</b>	ITECH		
<b>Prime Partner Name:</b>	University of Washington		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Governance and Systems	OHSS	550,000	0
<b>Narrative:</b>			
<i>Activities in FY12 will build upon the results achieved with the previous years' funding. Based on the results of the</i>			



*needs assessment and discussions with national partners, I-TECH will concentrate on improving the skills at both the national and subnational level. With the experienced trainers at the National ARV Training Center ITECH will provide training in improving ARV mentoring, advanced clinical topics, and developing new curricula covering topics beyond basic ART including pediatric ART. For the new subregional centers, the clinicians designated to be trainers will be supported in their assuming of their new roles by providing 'training for trainers' in teaching on ARV therapy which will include various topics including the ART basic course, advanced course, and opportunistic infections. A new curriculum on paediatric HIV treatment will be developed and piloted. An incountry consultancy will work with the National ARV Training Center on the feasibility of introducing a web-based clinical ART seminar series for ART providers. Implementation of the training monitoring system will be continued with the inclusion of additional areas and mentoring. TRAIN SMART, a computerized trainee and training tracking program will also be implemented to improve monitoring of ARV training. The project will serve all regions of Ukraine and enroll participants from health care institutions and NGOs according to the developed training plan.*

**Implementing Mechanism Details**

<b>Mechanism ID: 12845</b>	<b>Mechanism Name: Strengthening TB Control in Ukraine</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Chemonics International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:

<b>Total Funding: 1,100,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	1,100,000

**Sub Partner Name(s)**

Project HOPE		
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**Overview Narrative**

*This new TB project is being procured via the USAID TASC 2 IQC. The project will assist the MoH to decrease the*



*TB burden by reducing TB morbidity and mortality, and enable the GoU (in partnership with other stakeholders) to implement effective and strategic actions to improve quality of TB services, including the prevention, detection and treatment of TB, MDR TB and XDR TB, as well as the prevention of rapid growth in the rate of TB/HIV co-infection.*

*The purpose of this program is to improve the quality and expand the availability of WHO-recommended DOTS-based TB services; create a safer medical environment in TB/HIV settings by improving infection control standards and practices; build the capacity to implement programmatic management of drug resistant TB; and improve access to TB/HIV co-infection services in 10 USAID-supported regions over the first two years. By the end of year two, following an external evaluation, the project will expand services to two other regions with high or medium TB burden. The project will contribute to the USG strategy for HSS in service delivery quality, and national, regional, and local leadership in health care. The activity complements the GF TB project and will work closely with them to leverage these additional resources.*

*The new project will work closely with GoU and WHO, which are leading and coordinating the anti-TB program. This project will provide TA to reach TB/HIV co-infected patients and support the goals of USAID's other health projects in HIV and family planning by reinforcing messages related to prevention of disease transmission and appropriate Tx and follow-up. The project contributes to Partnership Framework goals and objectives and supports the GHI principle related to sustainability and quality services.*

**Cross-Cutting Budget Attribution(s)**

Gender: Gender Equality	20,000
Human Resources for Health	600,000

**TBD Details**

(No data provided.)

**Key Issues**

(No data provided.)



### Budget Code Information

<b>Mechanism ID:</b> 12845			
<b>Mechanism Name:</b> Strengthening TB Control in Ukraine			
<b>Prime Partner Name:</b> Chemonics International			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	1,100,000	0

#### Narrative:

*This project is under procurement. The budget code narrative can be updated upon award and after development of the project's first year workplan.*

*Objectives under this project include improving the quality and availability of WHO-recommended DOTS- based TB services through building institutional capacity to provide quality services. Activities include updating the formal medical education system, establishing a TB training resource center, and strengthening TB M&E and surveillance. Other activities include expanding access to TB services, and conducting operations research to strengthen the National TB Program's performance. The project will work with the Ministry of Health to strengthen a safer medical environment in TB and HIV settings by improving infection control standards and practices and strengthening capacity to oversee and evaluate infection control interventions.*

*Project activities will also align to Ukraine's Partnership Framework and national TB/HIV policies. The winning applicant will coordinate project planning and implementation with the Ministry of Health, Global Fund, and other partners providing TB/HIV technical assistance. The project is designed to strengthen the capacity of the Ukrainian public sector to upgrade and oversee a state-of-the-art national TB/HIV response. Technical approaches include inculcating technical standards and approaches through the formal medical education system while working with the Ukrainian Ministry of Health to directly implement protocols and procedures that align to WHO's international standards in TB/HIV and infection control. The winning applicant will propose an M&E approach that reports high-quality data using the national TB/HIV M&E framework, as well as report progress against project indicators.*

### Implementing Mechanism Details

<b>Mechanism ID:</b> 12899	<b>Mechanism Name:</b> Comprehensive MARPs TBD
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Pact, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted



TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:

<b>Total Funding: 2,500,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	1,250,000
GHP-USAID	1,250,000

**Sub Partner Name(s)**

FHI 360		
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**Overview Narrative**

*This project is the follow-on activity to the SUNRISE Project. The USG plans to expand support for improved HIV/AIDS services among MARPs.*

*Ukrainian organizations supported under this project include the three Global Fund Round 10 principal recipients. The project will provide TA to national and local Ukrainian organizations to improve MARPs access to and use of HIV/AIDS services. Supported HIV/AIDS services include behavioral, biomedical, and structural HIV/AIDS activities, community- and facility-based services, and communications. The project is national with intensified TA in nine regions. The target populations are IDU, MSM, FSW, vulnerable adolescents, and the sexual partners of MARPs.*

*The overarching goal of the project is to assist the GOU and civil society to reduce levels of HIV transmission among MARPs and their sexual partners through sustainable country-led programs. This will be achieved through two program objectives: (1) increase the quality of HIV/AIDS services targeted to MARPs and their sexual partners, and (2) strengthen the capacity of Ukrainian institutions to deliver quality HIV/AIDS programs.*

*The project contributes directly to all of Ukraine's Partnership Framework goals and adds value to existing and forthcoming HIV/AIDS initiatives. At the end of the project's five years, Ukrainian organizations will have increased capacity to deliver cost effective, comprehensive HIV/AIDS services. Ukrainian organizations will access technical and capacity building resources offered through strengthened in-country organizations. The project will establish strong M&E and analysis components to ensure that program interventions are effective and replicable. USG Ukraine will conduct a mid-term and a final evaluation.*



**Cross-Cutting Budget Attribution(s)**

Gender: Gender Equality	100,000
Human Resources for Health	350,000
Key Populations: FSW	250,000
Key Populations: MSM and TG	250,000

**TBD Details**

(No data provided.)

**Key Issues**

- Implement activities to change harmful gender norms & promote positive gender norms
- Increase gender equity in HIV prevention, care, treatment and support
- Increasing women's legal rights and protection
- TB
- End-of-Program Evaluation
- Family Planning

**Budget Code Information**

<b>Mechanism ID:</b> 12899			
<b>Mechanism Name:</b> Comprehensive MARPs TBD			
<b>Prime Partner Name:</b> Pact, Inc.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	100,000	0
<b>Narrative:</b>			
<i>This is an RFA currently under development. The BCN can be updated upon receipt of the first work plan. The program will work with the GOU, Principal Recipients, and local organization to strengthen their technical</i>			



capacity to deliver state of the art HIV/AIDS services, including positive prevention services. The program will support the Principal Recipients' cascade of technical service delivery to sub-recipients to ensure the scale up of USAID's investments. The scope of the project is national with intensified TA in nine regions. This project is not involved in the direct delivery of positive prevention services, but will work with the GOU and Global Fund to take evidence-based best practices to scale up throughout the country as per the National HIV/AIDS Response objectives.

The project's target audiences under this BCN are HIV-infected Ukrainians, most likely from a most-at-risk population (e.g. FSW, MSM, Prisoners, vulnerable adolescent, IDU, or a corresponding sexual partner). Through TA, the project will facilitate the testing, packaging, and dissemination of state-of-the-art and cost-effective HIV/AIDS service models to be taken to scale with GOU and Global Fund resources. This includes community- and facility- based models, with a focus on MARPs-friendly services and decentralized delivery. The positive prevention services package is integrated prevention, care, and treatment services targeted to PLHIV, including HCT, STIs and OI screening and treatment, ART management, condom distribution, behavior change communications, and psychosocial services. The project will also focus on strengthening package components, including referrals to family planning and reproductive health services and legal support.

The project will also provide TA to strengthen referral system models and mechanisms that facilitate clientele's access to a comprehensive package of services within an inherently vertical health care system. Additional TA will help construction quality assurance models, standards, and tools for positive prevention services, and in partnership with the GOU and GF, package and disseminate these models and resources at the national and regional levels, with corresponding national standards.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	300,000	0

**Narrative:**

This is an RFA currently under development. The BCN can be updated upon receipt of the first work plan. The program will work with the GOU, GF Principal Recipients, and local organization to strengthen their technical capacity to deliver state of the art HIV/AIDS services, with a focus on HIV prevention. The program will support the GF Principal Recipients' cascade of technical service delivery to sub-recipients to ensure the scale up of USAID's investments. This includes working with vulnerable youth with a concentrated epidemic through public sector and civil society organizations. The scope of the project is national with intensified TA in nine regions.

This project will support global OVC PEPFAR goals of supporting the capacity of communities to create protective and caring environments and building the capacity of social service systems to protect the most vulnerable. This project links closely to the Removing Legal and Operational Barriers to HIV/AIDS Services project to address key



*barriers to services facing OVCs in Ukraine.*

*Applicants will propose a mix of evidence based activities and technical assistance they think will be effective in increasing access to HIV/AIDS services to OVC, with a focus on vulnerable adolescents. Illustrative activities include working with public and civil society providers and facility managers increase adolescents' access to HCT, CPSP, and positive prevention services. The project will provide TA to prepare, test, package, and disseminate state of the art and cost-effective HIV prevention models for at-risk youth. This includes youth-friendly CSO/public sector HIV prevention models for street children with wraparound elements (e.g. documentation services and legal support, job training), to be implemented within USAID-funded programs through sub agreements and taken to scale with GOU and Global Fund resources. Other activities include the conduct and use of rapid formative assessments to investigate dynamics and behaviors in HIV prevention. Priority research issues include the HIV prevention context, behaviors, and needs within specific MARA segments (e.g. injecting drug use, sex work, and migration and seasonality patterns)*

*The winning applicant will provide further details on target population segmentation (e.g. age groups, gender, geographic coverage) and how they intend to implement evidence-based technical assistance strategies to achieve project objectives.*

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	100,000	0

**Narrative:**

*This is an RFA currently under development. The BCN can be updated upon receipt of the first work plan. The project will improve the design of HIV/AIDS services that are data-driven and respond to changing epidemic patterns. HIV/AIDS services, with a priority focus on HIV prevention, will be aligned to the drivers, context, and evolution of the Ukrainian HIV/AIDS epidemic. The project will contribute substantially to the evidence base in Ukraine in regards to HIV prevention among MARPs and their sexual partners.*

*The project will provide TA to increase data quality and the use of data for strategic and programmatic decision making. This includes: improved data quality data about MARPs populations (e.g. via higher-quality size estimation methods for MSM and sexual partners of MARPs by partner type; overlapping risk behaviors); strengthened capacity of the GOU and CSOs; and strengthened capacity of Principal Recipients and CSOs to oversee and supervise the application of strategic information and research by local organizations. The project will also pilot, evaluate, and disseminate an innovative strategic information (SI) and M&E tool kit.*

*Other SI activities include the development and execution of a national implementation science plan for Ukraine*



MARPs populations. The plan will incorporate linkages to other recommendations in strategic information, research, and the piloting and dissemination of best practices. The project will also link Ukrainian investigators to existing resources for training (e.g. NIDA/Humphrey Drug Abuse Research fellowships; Fogarty International Clinical Research Scholars).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	150,000	0

**Narrative:**

*This is an RFA currently under development. The BCN can be updated upon receipt of the first work plan. The project will work with the GOU, GF Principal Recipients, and local organizations to strengthen their technical capacity to deliver HCT services. The program will support the Principal Recipients' cascade of technical service delivery to sub-recipients to ensure the scale up of USAID's investments. The scope of the project is national with intensified TA in nine regions. This project is not involved in the direct delivery of HCT, but will work with the GOU and Global Fund to take evidence-based best practices to scale up throughout the country as per the National HIV/AIDS Response objectives.*

*Technical assistance will focus on increasing HCT among FSWs, MSM, prisoners, IDUs, and sexual partners of MARPs, with enhanced partner notification. Through TA, the project will work with public sector facilities and local Ukrainian organizations to enhance linkages between community-based VCT and the local AIDS Centers, including confirmatory testing to decrease loss to follow up, especially for IDUs. The project will provide TA to strengthen linkages between HCT and services, including CPSP and MAT. Through advocacy and technical assistance, the project will address outstanding gaps in HCT. These include the revision of regulations to allow for a rapid testing algorithm for HIV confirmation, and a guarantee of confidentiality of medical records and the enforcement of such as per existing regulations.*

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	700,000	0

**Narrative:**

*This is an RFA currently under development. The BCN can be updated upon receipt of the first work plan.*

*Target populations, funding level, coverage, and activities: 1) FSWs: \$ 500,000, TBD, TA to Ukrainian organizations to support stronger segmented/tailored approaches to specific FSW sub-populations; increased provision of a comprehensive HIV prevention service package, addressing overlapping risk behaviors, targeted BCC, referrals to IDU and Positive Prevention services, and CPSP in mobile clinics and outreach; and increased engagement of gatekeepers, including sex work managers, to create a stronger enabling environment; 2) MSM: \$ 500,000, TBD, TA to Ukrainian organizations to support: increased provision of a comprehensive HIV prevention*



service package , focused on overlapping risk behaviors, targeted BCC, legal support, and referrals to MSM-friendly clinical, IDU, and Positive Prevention services; HIV prevention interventions with MSM female partners; the test and scale-up the existing best practice MSM outreach program; and the test and scale-up innovative HIV prevention interventions for reaching “hidden MSM”; and 3) MARPs' sexual partners: \$ 500,000, TBD, TA to Ukrainian organizations to support theory-based prevention of sexual transmission among MARPS and sexual partners.

The scope of the project is national with intensified TA in nine regions. The project includes TA to Ukrainian organizations to develop and test quality assurance models, standards, and tools for each intervention targeted to MARPs, which will be packaged and disseminated at national/ regional levels. The project will provide TA to strengthen comprehensive, quality HIV prevention service delivery, including the design of referral system models and mechanisms that facilitate clientele’s access to comprehensive a package of services within a vertical health care system. With GF Principal Recipients, the project will design performance-driven models that tie technical and organizational development capacity building to performance standards. The project will support the Global Fund principal recipients with their condom promotion and distribution.

The winning applicant will further define populations by age, sex, population size, coverage, and risk behavior.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	1,150,000	0

**Narrative:**

This is an RFA currently under development. The BCN can be updated upon receipt of the first work plan. The program will work with the GOU, GF Principal Recipients, and local organization to strengthen their technical capacity to deliver CPSP and MAT services and programs addressing the sexual transmission of HIV to IDUs. The program will support the GF Principal Recipients’ cascade of technical service delivery to sub-recipients to ensure the scale up of USAID’s investments. The scope of the project is national with intensified TA in nine regions. This project is not involved in the direct delivery of HIV/AIDS services to people who inject and use drugs, but will work with the GOU and Global Fund to take evidence-based best practices to scale up throughout the country as per the National HIV/AIDS Response objectives.

The program will conduct and use rapid formative assessments to investigate dynamics and behaviors in HIV prevention. This includes behaviors and dynamics related to injecting drug use (e.g. types of syringes used; low dead space syringe use; overlapping IDU behaviors among cadres of MARPs; CPSP and adherence; and behaviors and accessibility of harder-to-reach IDU including youth, shorter career IDU, females, stimulant/poly-drug users). Other investigative themes include IDU use among MSM and vulnerable adolescents, and the causes and potential solutions to MAT dropout rates.



*The project will work with GOU and GF Principal Recipients to strengthen service delivery technical capacity. This includes the increased provision of a comprehensive HIV prevention package of services to defined segments within injecting drug users, focused on overlapping risk behaviors, targeted communications, referrals to HCT and positive prevention services, and CPSP in mobile clinics targeting sex workers. Also, increased provision of MAT services embedded within a comprehensive package for the prevention, treatment, and care of HIV among IDUs, with strategies to increase retention to MAT programs.*

*The project will provide TA to prepare, test, package, and disseminate state of the art and cost-effective HIV prevention models, to be implemented within USAID-funded programs through subagreements and taken to scale with GOU and Global Fund resources. These include the existing best-practice pharmacy-based CPSP model, MAT service continuity across health care service points, MAT services in pretrial and prison settings, linkages to MAT services post-prison release, the existing best-practice wrap-around MAT model in AIDS Centers and TB clinics in Odessa, and theory-based prevention of sexual transmission among male and female IDU and their partners.*

**Implementing Mechanism Details**

<b>Mechanism ID: 12957</b>	<b>Mechanism Name: Association of Public Health Laboratories</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Association of Public Health Laboratories	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:

<b>Total Funding: 0</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	0

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**



*APHL is a central multicountry CoAg with the Association of Public Health Laboratories, supporting capacity development of the National HIV Reference Laboratory (NRL) and of a regional AIDS laboratory network in Ukraine. The NRL units have not functioned as a reference laboratory, have limited capacity, and are housed in inadequate temporary facilities. APHL assessed the NRL and developed a plan to build NRL capacity and support infrastructure improvements. MOH approval of implementation of the plan has been delayed due to restructuring of MOH and the HIV program; however, in January 2012, approval was given to major components of the plan. Recent steps included provision of international standards for development of new national laboratory standards and laboratory management training for leadership of the NRL and of the national laboratory quality improvement institute. APHL contributes to goals 2 and 3 of Ukraine's Partnership Framework to improve quality and cost effectiveness of HIV services for MARPs and strengthened national and local ability to achieve Ukraine's AIDS Program objectives. These activities also support the goals of the MOH strategy on counseling, testing and laboratory diagnosis released in 2009. APHL coordinates closely with GF on laboratory strengthening and advocacy for increased national funding for laboratory strengthening. All APHL activities are designed to increase national capacity and ownership. For example, all training plans include steps to lead to adoption of the material into some level of national training. Outcomes by the end of the project include a fully functioning NRL, training of relevant NHRL/network staff in laboratory administration and QA/QC, initiation of QA/QC systems and networking activities in all 27 regions.*

### **Cross-Cutting Budget Attribution(s)**

(No data provided.)

### **TBD Details**

(No data provided.)

### **Key Issues**

(No data provided.)

### **Budget Code Information**

<b>Mechanism ID:</b>	<b>12957</b>
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<b>Mechanism Name:</b>	<b>Association of Public Health Laboratories</b>		
<b>Prime Partner Name:</b>	<b>Association of Public Health Laboratories</b>		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Governance and Systems	HLAB	0	0

**Narrative:**

*In FY12 APHL will continue work to strengthen the HIV laboratory system in Ukraine, including activities to strengthen the National Reference Laboratory (NRL) and to develop the system of regional laboratories into a functional network. APHL has developed a plan based on assessment of the NRL for capacity development, especially in laboratory management, strategic planning, QA/QC systems, ELISA HIV diagnostics, CD4, viral load, hematology, clinical chemistry, network development, and infrastructure improvements. Activities to improve quality management will also include working with the Ukrainian Reference Center (UkRC- lead for introduction of laboratory standards) in the harmonization and implementation of ISO 15189 in Ukraine. FY12 funds will be used to initiate introduction of Laboratory Information Systems (LIS), specifically to develop technical specifications, procure and install Laboratory Information Systems in the NRL and three regional laboratories that have the highest workloads.*

- *PEPFAR II indicators: These indicators (no. of testing laboratories and number of accredited laboratories) provide limited information for programming laboratory support in Ukraine. Currently, the number of testing laboratories in the HIV laboratory system is sufficient; however, quantitative capacity in some assays needs to be augmented and the qualitative capacity, especially human, of all laboratories needs to be strengthened. All laboratories in the system are nationally accredited except for the HIV National Reference Laboratory (due to its lack of adequate physical facilities); however, numerous gaps exist in quality management. APHL activities are addressing these gaps.*
- *Coverage: Currently coverage with laboratory testing is adequate nationwide with the exception of prison populations. CDC is participating in planning for laboratory capacity augmentation under the GF Round 10 funding to cope with anticipated growth in needs and to extend coverage to prison populations; however, add'l laboratories are not planned. As additional capacity is developed, APHL activities will include them into quality management and other support activities.*
- *Training in management and quality assurance: these trainings are a major focus for APHL. Directors of the NRL and Ukrainian Reference Center had intensive laboratory management training in Oct-Nov 2011. Plans are being developed to conduct broader laboratory management training for a broader audience in Ukraine with involvement of a national training institute to allow for institutionalization.*
- *All CDC-supported laboratory activities in Ukraine target enhancing the capacity of the MOH laboratory system.*



### Implementing Mechanism Details

<b>Mechanism ID: 13168</b>	<b>Mechanism Name: American Society of Microbiology</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: American Society for Microbiology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

<b>Total Funding: 250,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	250,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

ASM is a centrally managed cooperative agreement with the American Society for Microbiology to support development of laboratory capacity. ASM has wide technical capacity including in microbiologic testing for tuberculosis and HIV diagnostics, including rapid testing. In Ukraine, limited support under this mechanism for ASM activities was programmed in FY10/FY 11 COPs to address specific technical capacities at the nascent National TB Reference Laboratory as recommended by WHO and other partners providing support for establishment of the NTRL. However, the NTRL laboratory has not yet become effectively operational and these activities have not been initiated. These resources will be redirected to support TB laboratories in the two regions covered by the recent Ukraine CDC HIV-TB CoAg. Additional activities will be initiated in rapid test quality control programs as requested by national partners including the Ukrainian AIDS Center's NRL.

The ASM mechanism directly contributes to the achievement of goals 2 and 3 of Ukraine's forthcoming Partnership Framework including improved quality and cost effectiveness of HIV prevention, care, and treatment services for MARPs and strengthened national and local ability to achieve Ukraine's National AIDS Program objectives. In addition, these activities support the goals outlined in the MOH strategy on counseling, testing and laboratory diagnosis which was released in July 2009.

ASM will coordinate closely with the GF to strengthen labs and advocacy with the GOU to demonstrate the need for



*increased national support for laboratory strengthening, including the NRL. All ASM activities are designed to increase national capacity and ownership within the national and regional laboratory system.*

### Cross-Cutting Budget Attribution(s)

Human Resources for Health	250,000
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### TBD Details

(No data provided.)

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b>	13168		
<b>Mechanism Name:</b>	American Society of Microbiology		
<b>Prime Partner Name:</b>	American Society for Microbiology		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	250,000	0

#### Narrative:

*Due to increasing HIV testing using rapid tests in Ukraine without a functioning quality assurance/control program, special attention is needed to implement an effective program of external quality assessment. Funding in 2012 will be used to train laboratory professionals from the National HIV Reference Laboratory and the Gromashevsky Institute in preparing DBS proficiency panels for an external quality assessment program. In addition ASM will assist in the development of external quality assessment protocols for rapid testing in Ukraine with a followon pilot study of implementation, in conjunction with national and regional laboratory partners and implementing prevention NGOs.*

*ASM technical experts (mentors) will provide in-country support for microbiology for tuberculosis, TB laboratory*



*systems and strategic planning, standardization of protocols for cost effective testing, and good laboratory and clinical practices in the two regions selected under the CDC-Path Ukraine HIV-TB cooperative agreement. Focused support to the National TB Reference Laboratory will be initiated if the laboratory becomes operational.*

- *PEPFAR II indicators: These indicators (no. of testing laboratories and number of accredited laboratories) do not provide the critical information for programming laboratory support in Ukraine. Currently, the no. of testing laboratories in the HIV laboratory system is sufficient; however, quantitative capacity in some assays needs to be augmented and the qualitative capacity, especially human, of all laboratories needs to be strengthened. All laboratories in the system are nationally accredited except for the HIV National Reference Laboratory; however, numerous gaps exist in quality management. ASCP activities are addressing these gaps.*
- *Coverage: Currently coverage with laboratory testing is adequate nationwide with the exception of prison populations. CDC is participating in planning for laboratory capacity augmentation under the GF Round 10 funding to cope with anticipated growth in needs and to extend coverage to prison populations; however, add'l laboratories are not planned. As additional capacity is developed, ASCP activities will include them into quality management and other support activities.*
- *Training in management and quality assurance: these trainings are a major part of ASCP laboratory trainings and pre-service curricula.*
- *All CDC-supported laboratory activities in Ukraine target enhancing the capacity of the MOH laboratory system.*

### Implementing Mechanism Details

<b>Mechanism ID: 13232</b>	<b>TBD: Yes</b>
<b>REDACTED</b>	

### Implementing Mechanism Details

<b>Mechanism ID: 13252</b>	<b>Mechanism Name: WHO</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: World Health Organization	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:



<b>Total Funding: 200,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	200,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

*The multicountry central CDC-WHO CoAg supports WHO's role as a key HIV policy and technical organization. In Ukraine, WHO has strengthened partnerships with MOH and national organizations and brought policies on prevention, treatment and M&E areas to international standards.*

*The goal of this mechanism is to facilitate the implementation of evidence-based approaches in the areas of prevention, diagnostics and treatment of HIV and to support WHO's work with the GoU and GF grant recipients to institutionalize these approaches.*

*These goals will be achieved through:*

- *improve the pre-service training system (medical schools/institutes) for medical professionals in topics relevant to HIV and TB (with other pre-service improvement efforts including ASCP for laboratory);*
- *streamline data collection and data management procedures for more efficient analysis and reporting;*
- *improve policy-making through closing operational knowledge gaps and documenting best practices;*
- *improve the institutional capacity of national health care providers in evidence-based prevention and treatment approaches by revising existing in-service training curricula (in coordination with other inservice training initiatives) and changing the relevant national policies guiding the provision of these services.*

*The agreement with WHO contributes to the goals of Ukraine's Partnership Framework: directly to goal 2 (improved quality and cost effectiveness of HIV services for MARPs) and indirectly to goals 1 of (reduction of HIV transmission among MARPs) and 3 (strengthened national/local ability to achieve National AIDS Program objectives).*

### Cross-Cutting Budget Attribution(s)

Human Resources for Health	200,000
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### TBD Details

(No data provided.)



## Key Issues

(No data provided.)

## Budget Code Information

<b>Mechanism ID:</b>	13252		
<b>Mechanism Name:</b>	WHO		
<b>Prime Partner Name:</b>	World Health Organization		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	200,000	0

### Narrative:

*Activities in FY12 will expand initial FY11 activities. The FY12 funds will be used to conduct assessments, operational evaluation, develop and adapt curricula, tools and instruments. WHO will work with the educational institutions to pilot the developed curricula. Targeted assistance will also be provided to the national counterparts in supporting guidelines for further integration of TB, HIV and drug treatment services for MARPs. Human resource strengthening is a major focus of partner activities and will create trained cadres of trainers who can continue these SI and service integration activities after the end of USG support. WHO involvement with trainings facilitates national approval. Partner activities will also include increasing the quality of available data and conducting operational evaluations of training efforts, prevention and treatment approaches, and pharmacovigilance system improvement.*

*The project activities will be in accord with all current WHO guidelines for European Region.*

*The complementarity of suggested activities to the National AIDS Program, GF grants and USG projects will be ensured by the membership of WHO in the National Coordination Council and representation on all major technical working groups, where the detailed workplan will be discussed and coordinated with stakeholders.*

## Implementing Mechanism Details

<b>Mechanism ID: 13268</b>	<b>Mechanism Name: American Society of Clinical Pathology</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Cooperative Agreement



Prevention	
Prime Partner Name: American Society of Clinical Pathology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:

<b>Total Funding: 125,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	125,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

*The American Society for Clinical Pathology (ASCP) is a CDC central multi-country PEPFAR cooperative agreement partnered with CDC to improve laboratory training and implement laboratory quality improvement initiatives. In Ukraine, ASCP's goal is to strengthen the HIV laboratory system and overall laboratory system, especially in human capacity. In stakeholders' meetings, ASCP developed a plan for 1) training courses for national/regional laboratory personnel in key clinical laboratory techniques and quality control; and 2) a process to improve pre-service curricula.*

*MOH approval of full implementation of the plan has been delayed due to restructuring of the MOH and AIDS control program. Recent steps by ASCP included review of two recent laboratory curricula from the Kiev laboratory pre-service training institute.*

*ASCP contributes to goals 2 and 3 of Ukraine's Partnership Framework related to improved quality/ cost effectiveness of HIV services for MARPs; and strengthened national/local ability to achieve Ukraine's AIDS Program objectives. These activities support the goals in the MOH strategy on counseling, testing and laboratory diagnosis of 2009.*

*ASCP's cost efficiency includes coordination with and leverage of GF Rd 10 grant resources for lab strengthening and advocacy with the GOU to increase funding for laboratory strengthening. All ASCP activities are designed to increase national capacity and ownership. For example, training plans include a 'train-the-trainer' component to allow national staff to conduct future trainings.*

*Monitoring and evaluation activities for this activity will include tracking of trainees by the National Reference Laboratory to ensure that all appropriate staff and a cadre of trainers receive the required courses.*



**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	125,000
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**TBD Details**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 13268			
<b>Mechanism Name:</b> American Society of Clinical Pathology			
<b>Prime Partner Name:</b> American Society of Clinical Pathology			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	125,000	0

**Narrative:**

*ASCP FY12 funds will be used to continue the Curriculum development process in Clinical Chemistry/Hematology/CD4. This activity will take place at national and regional academies of postgraduate education which provide the preservice training for higher level laboratory workers (advanced degree equivalent). In addition, initial discussions are occurring in February 2012 with MOH and medical institutes that train laboratory technologist equivalent workers on curricula improvement .*

*Funds will be used to support the HIV National Reference Laboratory and the Ukrainian Reference Center (UkRC) in the development and implementation of external quality assurance (EQA) programs for CD4. (The UkRC has been made responsible for initiating/coordinating EQA in Ukraine and began these operations in 2009 has recently begun EQA programs. EQA in HIV assays has been limited to small-scale EQA of HIV serology in 2010.) ASCP will also continue implementing laboratory best practices within the HIV laboratory network. This cooperation will be primarily at the central level - the NRL and the UkRC, which will develop national regulations. Further assistance will be provided for the implementation of these documents in the local laboratories (support training for*



local laboratory staff). ASCP will conduct an evaluation of additional changes within HIV laboratory services made possible/necessary by health care reform legislation being drafted in the Ukraine parliament.

- *PEPFAR II indicators:* These indicators (no. of testing laboratories and number of accredited laboratories) provide limited information for programming laboratory support in Ukraine. Currently, the number of testing laboratories in the HIV laboratory system is sufficient; however, quantitative capacity in some assays needs to be augmented and the qualitative capacity, especially human, of all laboratories needs to be strengthened. All laboratories in the system are nationally accredited except for the HIV National Reference Laboratory (due to its lack of adequate physical facilities); however, numerous gaps exist in quality management. ASCP activities are addressing these gaps.
- *Coverage:* Currently coverage with laboratory testing is adequate nationwide with the exception of prison populations. CDC is participating in planning for laboratory capacity augmentation under the GF Round 10 funding to cope with anticipated growth in needs and to extend coverage to prison populations; however, add'l laboratories are not planned. As additional capacity is developed, ASCP activities will include them into training and human resource development planning.
- *Training in management and quality assurance:* these trainings are a major part of ASCP laboratory trainings and pre-service curricula.
- *All CDC-supported laboratory activities in Ukraine target enhancing the capacity of the MOH laboratory system.*

**Implementing Mechanism Details**

<b>Mechanism ID: 13435</b>	<b>Mechanism Name: MOH</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministry of Health (MOH)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: TA	
G2G: Yes	Managing Agency: HHS/CDC

<b>Total Funding: 0</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	0

**Sub Partner Name(s)**



(No data provided.)

## Overview Narrative

*The goals of the MOH Capacity Building mechanism are to develop capacity in Strategic Information (SI), Laboratory Strengthening, and Blood Safety within the Ukrainian AIDS Center (UAC) and the regional AIDS center network. In 2009, a National M&E Unit (NMEU) was created in UAC to oversee HIV SI as part of the 'Three Ones'. UAC is restructuring three lab units as a National HIV Reference Laboratory, to be located in a single facility. Both the NMEU and NHRL will need substantial technical assistance to develop strategic plans, policies, procedures, and staff capacity to assume their roles. The NHRL will need additional equipment and renovated facilities. The UAC recently became the first GOU GF Principal Recipient and needs extensive capacity development to fill the roles planned for the grant period. CDC support through this mechanism was included in GF grant planning to avoid overlap while providing for capacity development not covered by GF. Obstacles to implementation include a lack of MOH experience with assistance as no previous grants had been implemented. The original MOH unit (State Committee on HIV/AIDS) slated to be the implementer was dissolved in GoU administrative reforms in 2011 and a new State Service on HIV/AIDS was established. After extensive intraGOU discussions, the State Service is taking steps with the Ministry of Economy to develop and approve administrative procedures to receive funds and conduct activities under this agreement. The MOH project contributes to all goals of Ukraine's Partnership Framework: directly to goals 2 (improved quality/cost effectiveness of HIV services for MARPs) and 3 (strengthened national/local ability to achieve national program objectives); and indirectly to goal 1 (reduction of HIV transmission among MARPs).*

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## TBD Details

(No data provided.)

## Key Issues

(No data provided.)



### Budget Code Information

<b>Mechanism ID:</b> 13435			
<b>Mechanism Name:</b> MOH			
<b>Prime Partner Name:</b> Ministry of Health (MOH)			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	0	0

**Narrative:**

*Because of the ongoing intra-GOU administrative process to achieve activation of the cooperative agreement that the award, activities planned for FY11 will be conducted in FY12 using the previously programmed funds. As administrative issues are resolved, the MOH will proceed with implementation of the original workplan with modifications introduced to reflect intervening changes. Limited additional resources are requested to support management and operation activities under this budget code.*

*The program will develop the infrastructure and the human/technical capacity of the NHRL to lead the national HIV laboratory network, develop standards for the function of the NRHL and network laboratories, and implement the needed improvements in infrastructure, human and technical capacity, and systems, to provide for improved quality and access to HIV laboratory support.*

*The initial steps will be to enhance the human, organizational, and physical capacity of the NHRL. The NHRL staff will be trained (to be trainers) in areas relevant to reference laboratories 1) laboratory management, 2) HIV laboratory techniques at international standards; 3) developing and implementing QA/QC systems; 4) laboratory information management. A plan for the NHRL to participate in external QA will be developed and implemented (including reform of regulations prohibiting use of test kits for QA and prohibiting export of specimens). National standards and SOPs that meet international standards will be developed and implemented for HIV related laboratory techniques. New national standards (meeting international standards (ISO 15189)) will be developed for laboratory accreditation. The NHRL will develop, get approved, and implement a plan to assess test kits purchased for national use. Equipment (including equipment for ARV resistance testing, quality control of ELISA tests, and a laboratory information system will be procured in a transparent tendering process and a maintenance program developed. The laboratory currently operates in two separate locations with inadequate space and infrastructure. Space for both units will be found, renovated, and the units relocated.*

*Additional steps will enhance the physical, human, and organizational capacity of the regional HIV laboratories, especially those conducting HIV confirmation and clinical monitoring. Trained NHRL staff (with APHL/ASCP staff as needed) will train the regional laboratory staff in the above subject areas. A unified QA/QC system will be extended to the regional laboratories, initially for HIV serology with extension to other assays as panels are developed or purchased and registered. NHRL staff will conduct regular monitoring visits to regional HIV laboratories and assist them in implementing new SOPs and becoming accredited. Limited WB/CD4/VL/*



*equipment purchases will equip the regional confirmatory and clinical monitoring laboratories that lack them. Regional laboratory heads will be trained in laboratory management/strategic planning.*

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

**Narrative:**

*Because of the ongoing intra-GOU administrative process to achieve activation of the cooperative agreement that the award, activities planned for FY11 will be conducted in FY12 using the previously programmed funds. As administrative issues are resolved, the MOH will proceed with implementation of the original workplan with modifications introduced to reflect intervening changes. Limited additional resources are requested to support management and operation activities under this budget code.*

*The program of activities remains the same as in the previous year. The program will develop the capacity of the new national M&E Center (NMEC) to lead the system of regional M&E centers. The program will improve the NMEC infrastructure and human/technical capacity and will incorporate specific activities to improve HIV surveillance, to improve data collection from other services (TB, ANC, prison, STD), to coordinate the analysis of these data streams, to improve modeling and data triangulation, to progressively lead surveillance among risk-groups, and to generate and disseminate the analyses needed to direct the epidemic response. The capacity of the regional M&E centers to implement new M&E functions will also be improved.*

*The initial critical steps are to enhance the physical, human, and organizational capacity of the NMEC and the network of regional M&E centers. The UAC including the NMEC has had a new space identified that will allow all units to be housed together. Renovations will be needed to bring the space to standard condition. . Improving the infrastructure of the NMEC will require small amounts of computer equipment and furniture.*

*The NMEC and regional M&E staff will be trained in areas of surveillance and monitoring and evaluation including 1) management/strategic planning/project implementation, 2) data management, 3) data analysis, 4) cost effectiveness and prevention effectiveness assessment, and 5) effective dissemination of results. Training in management issues will begin in year 1; a training plan for national and regional levels will be developed using assessment results.*

*New national reporting documents and guidelines for HIV surveillance will be developed to take into account international standards and changing information needs, using input from national statistics and reporting experts and CDC technical assistance. These guidelines will improve data availability from other health services, including TB, drug treatment, and maternal health services. Experts and staff from these services will help develop and review draft guidelines, with training of services staff after approval.*

*Currently, sentinel surveillance among risk-groups is funded by Global Fund and led by GF grantees. Efforts to progressively increase the role of the UAC and NMEC in this surveillance will focus on development of guidelines and increasing the role of UAC/NMEC staff in planning and interpreting these studies.*



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	0	0

**Narrative:**

*Because of the ongoing intra-GOU administrative process to achieve activation of the cooperative agreement that the award, activities planned for FY11 will be conducted in FY12 using the previously programmed funds. As administrative issues are resolved, the MOH will proceed with implementation of the original workplan with modifications introduced to reflect intervening changes. Limited additional resources are requested to support management and operation activities under this budget code.*

*The Project will focus on strengthening the National Blood Services through improving infrastructure, human capacity, and the regulatory framework.*

*An initial assessment will inform further activities. A team of international and national experts, and assess the blood service/blood safety in Lugansk, Kyiv Oblast, and Rivne, reviewing policies, procedures, and materials for QA/QC screening for HIV/ blood borne pathogens. The team will develop a TA and training plan for blood service staff in the three oblasts based on the assessment.*

*The improvement of infrastructure and human capacity will develop three centers of excellence in eastern, central, and western Ukraine with updated equipment and fully trained staff. Priority equipment are centrifuges and equipment for computerized (bar-coded) tracking of donors, blood, and recipients to allow introduction of hemovigilance. Additional equipment (viral inactivation) will be added in Centers of Excellence within budgetary constraints; additional donors will be sought. In collaboration with the NHRL, a system of external QA/QC will be introduced. The Centers of Excellence will serve as regional training centers to allow expansion of infrastructure and human capacity improvements. Training activities will focus on QA/QC. The project will also develop programs to improve voluntary donation through the NBS and community organizations to expand the pool of eligible and willing donors.*

**Implementing Mechanism Details**

<b>Mechanism ID: 13582</b>	<b>Mechanism Name: HIV PLEDGE</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: UNODC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:



<b>Total Funding: 1,200,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	1,200,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

*The overarching goal of the PLEDGE project is to build support among Ukrainian law enforcement officials and other key GOU stakeholders at the national and decentralized levels for HIV/AIDS and drug dependency Tx services. This activity targets MARPs and includes service delivery within pre-, in-, and post- prison detention settings. This will be achieved through the following 3 project objectives: create an environment supportive of evidence-informed and human rights-based HIV/AIDS and drug dependence Tx programs among MARPs; strengthen capacities of the State Penitentiary Service, public health and social services workers and civil society organizations to provide evidence-informed and human rights-based comprehensive HIV prevention, Tx and care services including drug dependence Tx in prison settings; and improve capacity of substance abuse Tx system (narcological services) to provide evidence-informed and human-rights based integrated HIV prevention and drug dependence Tx services.*

*The project will be implemented at the national and sub-national levels. The project dissemination strategy envisages covering 27 regions of Ukraine by the end of the project.*

*The project contributes directly to Ukraine's partnership framework goals #1 and #3, and adds value to existing and forthcoming HIV/AIDS initiatives, including those under the Global Fund and USG. To ensure long-term sustainability of systemic changes the project will support national training institutions by updating specific training modules and curricula in order to incorporate internationally available best knowledge and expertise. The project will establish strong M&E and analysis components to ensure that program interventions are effective. USG/Ukraine will conduct mid-term and final evaluations.*

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	300,000
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**TBD Details**



(No data provided.)

## Key Issues

Implement activities to change harmful gender norms & promote positive gender norms

Increase gender equity in HIV prevention, care, treatment and support

Mobile Population

TB

## Budget Code Information

<b>Mechanism ID:</b>	13582		
<b>Mechanism Name:</b>	HIV PLEDGE		
<b>Prime Partner Name:</b>	UNODC		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	200,000	0

### Narrative:

*The PLEDGE projects aims to improve the availability, coverage and quality of HIV services for IDU while in detention, serving terms in prison, and in post-release settings. A prerequisite for increased service accessibility is the improved technical capacities of a vast body of policy- and decision-makers and service providers in human rights-based and gender-sensitive programming and planning, management, and M&E. The project will be implemented at national and sub-national (oblast) levels. Updated national strategies and policy frameworks will be applied and tested in at least 2 target regions (oblasts) that will be selected in close consultation with the national partners. A project dissemination strategy envisages expanding the project activities to 8 more regions annually starting from 3rd year of the project life, thus covering 27 regions of Ukraine by the end of the project.*

*The project will increase awareness and knowledge of key GOU stakeholders, including law enforcement and drug control agencies, on the importance of accessible comprehensive HIV prevention, treatment, care and support programs for people who use drugs. Activities include conducting national- and decentralized-level advocacy among senior government officials, policy and decision makers and other officials from the prison management*



authorities.

*Ukraine lacks a national research, policies, and protocols on the delivery of evidence-informed and human rights-based comprehensive package of HIV prevention, treatment, care and support services, including drug dependence treatment, for pre-, in-, and post- detention settings. Activities include a small grants program to provide Ukrainian researchers with awards to support multi-year research studies on the implementation of integrated HIV/AIDS and narcology services in Ukraine, MAT and harm reduction services. The project will facilitate the dissemination of these studies to professional fora, including TWGs, to inform policy, standards, and protocol formation.*

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	1,000,000	0

**Narrative:**

*According to national estimates, Ukraine has some 360,000 people who inject drugs. This represents an overall IDU prevalence of 1% of the total population over the age of 15. Approximately 130,000–140,000 people are incarcerated at any given time in Ukraine and according to the national statistics, HIV prevalence among prisoners in 2009 was 15% (32% in women and 12% men). A high proportion of prisoners have a history of drug use (56%) and injecting drug use (35%).*

*The program will work with GOU stakeholders, including the MOH, law enforcement and drug control agencies, to strengthen support for accessible comprehensive HIV/AIDS and drug dependence services, including MAT, for people who use drugs. The project will be rolled out to all 27 regions. Activities include national and decentralized advocacy for senior government officials, policy and decision makers and other officials from law enforcement and drug control authorities, and the formation of TWGs to address strategic and rights-based HIV/AIDS policy frameworks and plans for persons in pre-, in-, and post-detention settings.*

*Other activities include the development of HIV/AIDS and drugs-related training curricula and technical assistance to mainstream HIV/AIDS and drug dependence services, including MAT, into detention settings. This includes the development of a comprehensive and integrated service provision system at local level with effective referral and case management mechanisms to ensure continuum of care for people who use drugs. The project will pilot and test comprehensive HIV/TB and drug dependency treatment programs in selected detention facilities with services that include communications, HCT, condoms, drug dependence treatment including MAT, bleach and disinfection programmes, ART, TB and STI diagnosis and treatment, hepatitis B and C treatment and care, and PMTCT. The project will design and roll out referral and notification systems to link HIV-infected individuals to positive prevention services post-release.*



*The project will work through service provision systems, management, and providers to ensure appropriate monitoring, evaluation and documentation of the lessons learned, and results. The project will collaborate with the GOU and Global fund to disseminate integrated HIV/AIDS/drug dependence service delivery models to other facilities.*

### Implementing Mechanism Details

<b>Mechanism ID: 14071</b>	<b>Mechanism Name: Peace Corps HIV Prevention</b>
Funding Agency: U.S. Peace Corps	Procurement Type: USG Core
Prime Partner Name: U.S. Peace Corps	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

<b>Total Funding: 114,413</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	114,413

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

*PC supports the development goals of GOU through Goal 1 of its mission which is to “help the people of interested countries in meeting their need for trained men and women.” As an implementing agency and the largest PC post, PC/Ukraine has expanded its reach to meet Ukraine's needs in the area of HIV prevention. PCVs serve in all of Ukraine’s Oblasts. Most PCVs implementing HIV/AIDS activities serve at the Rayon level, in Oblast centers, and smaller communities that feed into larger urban areas. Volunteer activities are targeted at raising awareness about HIV transmission and decreasing stigma and discrimination towards PLHIV and MARPs. In addition, PCVs target the general populations, and Peace Corps Response Volunteers are assigned to HIV-service NGOs for PLHIV, IDUs, and street youth for specific, targeted assignments.*

*The PC approach to development advances sustainability and country ownership of PEPFAR program efforts in requesting local organizations for specific, time-limited assignments and designed from the onset to build community capacity to sustain projects and through day-to-day collaboration with host country national partners. Volunteers placed in local organizations strengthen institutional capacities in the areas of communication, financial management, outreach to target populations, monitoring, evaluation and reporting, as well as provide linkages*



*between prevention and treatment services through referrals.*

*All PCV activities are reported semi-annually through a central database that is managed by PC, ensuring compliance with PEPFAR requirements. In addition, all Volunteers are trained in M&E, and the data reported is verified by several PC staff members and compared with both the PCV project completion reports and local training participant lists.*

### Cross-Cutting Budget Attribution(s)

Education	85,000
Gender: Gender Equality	18,000
Human Resources for Health	10,000

### TBD Details

(No data provided.)

### Key Issues

Implement activities to change harmful gender norms & promote positive gender norms

Increase gender equity in HIV prevention, care, treatment and support

Increasing women's access to income and productive resources

TB

Family Planning

### Budget Code Information

<b>Mechanism ID:</b> 14071			
<b>Mechanism Name:</b> Peace Corps HIV Prevention			
<b>Prime Partner Name:</b> U.S. Peace Corps			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	114,413	0



**Narrative:**

*PC Volunteers work with communities to design and implement context-appropriate prevention interventions addressing the keys drivers of the epidemic, including sexual and behavioral risk, and harmful gender/cultural norms. PC promotes behavior change through use of evidence-based programs and integration of efforts of other USG agencies and implementing partners. Programs include a cross-cutting focus on reduction of stigma and discrimination. Volunteers work throughout Ukraine, with representation in most Oblast and rayon centers, as well as smaller communities, in educational institutions, local governments, FBOs and NGOs, including HIV-service NGOs. All Volunteers and HCN counterparts receive training on HIV/AIDS prevention services for general populations and MARPs, including MSM, PLWH, and CSW. Community projects receive on-going technical support by Peace Corps staff and consultants. Volunteers report on all activities and results using standardized electronic reporting tool that is managed centrally. Training materials utilized are based on evidence-based programs developed by WHO, UNAIDS, UNICEF, and by USAID implementing partners, and Peace Corps centrally-developed materials. Linkages are made to All-Ukrainian PLWH Network and current programs by USAID implementing partners, as well as resources provided by other bilateral and private partners, such as German Agency for International Development and Clinton Health Initiative.*

*Target population/Approx Dollar Amount/ Coverage/ Activity*

- General population (youth and adults, including educators)/ \$75,600.00/16,000/ Awareness-raising activities, peer education programs for youth and adults, stigma reduction mass media events*
- Community health care and para-social workers, including medical college students/\$6,000.00/300/ Training program on stigma reduction and confidentiality issues*
- Medical service providers from Rayon-level clinics/\$4,000.00/230/ Training program on stigma reduction and confidentiality issues*
- PLWH/\$20,000/20/ Peer education and recreational summer camp for PLWH youth*
- PWID/\$12,000.00/90/ Community projects with NGOs serving PWID*
- CSW/\$5,000.00/50/ Community projects with NGOs providing prevention services for CSW*

**Implementing Mechanism Details**

<b>Mechanism ID: 14219</b>	<b>Mechanism Name: Blood Safety Technical Assistance Services (HQ)</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: American International Health Alliance Twinning Center	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No



Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:
<b>Total Funding: 650,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	650,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

*This mechanism is to provide technical assistance to the Ministry of Health and selected regional blood safety centers to improve blood safety in the Ukraine through a centrally managed CDC blood safety cooperative agreement to be awarded in FY12. These activities are to complement resources for blood safety provided to the MOH through a cooperative agreement with CDC. The current blood safety program in Ukraine is realized through regional blood safety centers acting on national guidelines with limited MOH financial support. The goals for the HBML technical assistance are to support the MOH/regional blood centers to be able to develop policies and regional centers of excellence to pilot programs that would increase blood safety through: 1) improvement of blood M&E, to include introduction of a computerized hemovigilance system; 2) development of a low-risk volunteer donor oriented program; 3) improvement of cold-chain for blood and blood components; 4) establishment of a QA/QC system to cover all laboratories in the blood donation system; 5) adequate training of blood system technical staff at all levels; and 6) assessment and improvement of clinical blood utilization. Initiation of blood safety technical assistance will begin concomitant with MOH implementation of the CDC cooperative agreement which was delayed due to the need for development of new MOH administrative procedures to receive external assistance. The MOH reorganization in 2011 resulted in the recent creation of a central unit within the MOH responsible for developing and coordinating a national blood safety program which will aid implementation.*

### Cross-Cutting Budget Attribution(s)

Human Resources for Health	75,000
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### TBD Details

(No data provided.)



## Key Issues

(No data provided.)

## Budget Code Information

<b>Mechanism ID:</b>	14219		
<b>Mechanism Name:</b>	Blood Safety Technical Assistance Services (HQ)		
<b>Prime Partner Name:</b>	American International Health Alliance Twinning Center		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Prevention	HMBL	650,000	0

### Narrative:

• *Basic approaches: the activities under the mechanism are listed below; these activities are complementary to the MOH cooperative agreement and represent technical assistance needed to implement those activities. The amount requested for FY 2012 will replace decreased central matching funds available for the task order compared with FY 2011.*

*Task 1. Conduct an assessment of the capacity of the regional sites chosen for development as centers of excellence. Task 2. In consultation with the BSOU develop and implement a comprehensive information management system from vein to vein compliant with ISBT 128.*

*Task 3. Develop a program improve blood collection from low risk, voluntary, non-remunerated blood donors (VNRBD).*

*Task 4. In consultation with the BSOU improve operations in terms of cold chain management, testing and processing of blood and blood products, storage and distribution.*

• *Integration: the activities under this mechanism integrate with HBML activities under the MOH coag (IM 6) for establishment of a QA/QC system for laboratories in the blood donation system.*

• *Geographic coverage: the blood transfusion system in Ukraine has been decentralized and centers in Ukraine are operated by regional authorities. These activities will work with national experts and regional blood services to establish centers of excellence in 3 regions (tentatively Luhansk, Kiev, and Rivne oblasts) which were selected to be able to serve as training centers for the East, Central, and Western parts of Ukraine respectively.*

• *Country ownership: the activities are designed to improve the existing Ukrainian system in mutually important areas. A selection criteria for the oblasts was preexisting support for blood centers from regional administrations*



*which will enhance sustainability in these regions. Successful projects will encourage expanded support for blood centers from other regional administrations.*

**Implementing Mechanism Details**

<b>Mechanism ID: 14225</b>	<b>Mechanism Name: PATH</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Program for Appropriate Technology in Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:

<b>Total Funding: 500,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	500,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

*The goal of this project is to strengthen the control of HIV-associated TB in two Ukrainian regions not covered by other USG TB TA through strengthening the capacity of the national TB and HIV programs to link TB and HIV services, perform reference laboratory functions and surveillance and monitoring. Objectives are as follows:*

- \* Collect baseline data to guide project implementation and adapt existing tools.*
- \* Strengthen oblast-level TB-HIV program coordination capacity.*
- \* Strengthen the TB surveillance system to ensure use of HIV variables and improve monitoring of patient outcomes*
- \* Expand coverage of high-quality PITC among TB patients and suspected TB cases*
- \* Improve intensified TB case-finding among PLWHA.*
- \* Ensure effective referral systems and linkages to HIV care and treatment for TB patients*
- \* Strengthen integration of TB best practices, especially involving infection control, in institutions, targeting those providing outpatient services and care and treatment.*
- \* Strengthen the capacity of oblast reference laboratories.*

*The project will directly contribute to all three PF goals.*



*The primary target population includes people coinfected with HIV and TB. Patients with mono-infection will also benefit through improved access to services in health facilities.*

*The project has a detailed M&E plan which includes qualitative and quantitative indicators for each objective (33 total). The indicators will measure performance by the number and percent of people reached with services; people covered with capacity building activities; and institutions involved in improved service provision.*

### Cross-Cutting Budget Attribution(s)

Human Resources for Health	250,000
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### TBD Details

(No data provided.)

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b>	14225		
<b>Mechanism Name:</b>	PATH		
<b>Prime Partner Name:</b>	Program for Appropriate Technology in Health		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	500,000	0

#### Narrative:

*Since last year's COP, the mechanism has been competed and awarded (September 2011) to PATH; initial steps in project implementation are underway. The FY12 funds will be used to support working groups and task forces, train service providers, develop and adapt tools and instruments. Direct service provision will be facilitated, but not be covered monetarily by PATH. The project activities are in accord with current draft national Ukrainian guidelines on the monitoring and control of HIV-TB. The proposed project regions are being selected with input from an stakeholder advisory group (including USAID) from oblasts not covered with other international or USG current or*



*planned HIV-TB activities. Selection criteria include areas with political commitment and basic DOTS programs but with high TB-HIV morbidity and mortality rates. More than half of Ukrainian regions have had no previous international assistance in TB or HIV-TB; three of these were chosen for assessment. The partner has previous experience in implementing USAID-funded HIV-TB activities in Ukraine and will use these models to rapidly bring the selected regions to the level of more experienced regions with additional CDC technical input in SI, IC, and laboratory strengthening. The activities will also be closely coordinated with Global Fund Round 9 supported HIV TB activities.*

*Human resource strengthening is a primary focus of partner activities and will create trained cadres who can continue these activities after the end of USG support.*

*Partner activities include increasing the quality of available data. Currently data from routine TB case reporting and recently mandated TB patient cohort evaluations exists for all regions but training in cohort evaluations is needed for previously unassisted regions. Where feasible, progress in project areas will be compared with existing data in non-project areas or nationally to assess the added value of project activities.*

*Where feasible, progress in project areas will be compared with existing data in non-project areas or nationally to assess the added value of project activities. PATH will emphasize program sustainability by addressing structural/policy issues creating barriers to effective integration; building capacity of Coordination Councils and health care institutions; creating Task Forces; training trainers in respective areas; official endorsement of developed tools. PATH will assess the capacity of local partners and progressively transfer activities to them to support sustainability.*

**Implementing Mechanism Details**

<b>Mechanism ID: 14229</b>	<b>Mechanism Name: ESIS</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:

<b>Total Funding: 0</b>	
<b>Funding Source</b>	<b>Funding Amount</b>



GHP-State	0
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### Sub Partner Name(s)

Columbia University Mailman School of Public Health	ICF Macro	Westat
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### Overview Narrative

*ESIS (Epidemiology and Strategic Information Services) is a central multi-country CDC IDIQ contract (the three preapproved TA providers are listed in this IM as possible sub-partners). The contract provides TA, capacity building and support for CDC-funded international activities in a range of strategic information systems, methods, and activities including monitoring and evaluation; health economics and finance; surveillance/surveys, statistics, modeling, and epidemiologic investigations; and health information systems. In Ukraine, ESIS is used for capacity building in SI, with an initial focus on M&E. Specific trainings are informed by a FY11 M&E assessment. The target population for these activities is GOU HIV M&E staff and NGO M&E staff specialists from NGOs. Capacity building efforts involve both national and regional staff and institutions. Task orders to date have included support to the Ukrainian AIDS Center in the development of GF M&E processes and in training on data collection, analysis, and dissemination. The activities will contribute to the sustainability of M&E systems, the success of the GF grant, and to improving the GOU's overall approach to decisionmaking by strengthening the availability of high quality data and the practice of using it.*

*Each task order under this contract incorporates specific indicators for monitoring and assessing performance. The ESIS contract would contribute to the achievement of all three of the goals of Ukraine's Partnership Framework goals: directly to goal 2 (improved quality and cost effectiveness of HIV prevention, care, and treatment services for MARPs) and indirectly to goals 1 of (reduction of HIV transmission among MARPs) and 3 (strengthened national and local ability to achieve National AIDS Program objectives).*

### Cross-Cutting Budget Attribution(s)

(No data provided.)

### TBD Details

(No data provided.)



## Key Issues

(No data provided.)

## Budget Code Information

<b>Mechanism ID:</b>	14229		
<b>Mechanism Name:</b>	ESIS		
<b>Prime Partner Name:</b>	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0
<b>Narrative:</b>			
<p><i>Activities planned for FY12 will build upon results achieved with the previous years' funding. The proposed activities within this mechanism include additional trainings for national and regional M&amp;E staff of the AIDS centers in data management and analysis and the use of data for decision making and program enhancement. The impact of the trainings on routine practices will be a subject of a separate assessment under this contract in a subsequent fiscal year. Activities under this contract will perform a catalytic role for implementation of the GF Rd10 grant by the Ukrainian AIDS Center and Oblast AIDS Centers, and facilitate further development and implementation of the National M&amp;E Plan.</i></p> <p><i>Other mechanisms covering the SI area will focus on different topics.</i></p> <p><i>All planned activities have been and will be coordinated with the National M&amp;E working group to ensure compliance with the National M&amp;E Plan for HIV and avoid overlap with the work of other stakeholders.</i></p>			

## Implementing Mechanism Details

<b>Mechanism ID: 14235</b>	<b>Mechanism Name: NGO Support for SI Activities</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: International HIV/AIDS Alliance	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No



Global Fund / Multilateral Engagement: Both	
G2G: No	Managing Agency:
<b>Total Funding: 500,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	500,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

*The goal of the Ukrainian NGO-SI project is to generate strategic information on the HIV epidemic and to increase national and regional capacity to collect and use these data.*

*Significant SI data needs and capacity needs remain in Ukraine. The GOU does not support MARPs surveys; while GFRd10 grant supports basic MARPs surveys, the research plan does not cover all data needed to track the epidemic and target interventions. In recent years, national and regional HIV M&E centers have been set up; however, capacity gaps of national/regional GOU staff in multiple M&E areas were found in a 2011 assessment; existing mechanisms will cover only some needs.*

*The new NGO-SI project will focus on strengthening MARPS SI data and capacity, especially in GoU, operationalizing developed M&E approaches at the regional level by:*

- developing a coordinated HIV data needs plan and carrying out epidemiological and operational surveys/studies and increasing capacity of GOU institutions to lead MARPs SI data activities*
- training personnel of organizations, especially GOU, involved in data collection on data quality control and data management*
- facilitating collaboration between national and regional M&E bodies and decision-makers and increase the capacity of regional M&E centers and HIV coordination councils. capacity to generate, understand and use data*

*The NGO-SI project was first programmed funds in late FY11 when PF funds were confirmed; CoAg to be awarded FY12. Survey and training activities will be coordinated through the national M&E working group (which oversees GF Rd10 activities) to ensure coherence and avoid overlap with efforts of other stakeholders. These activities leverage GF funding in SI and are designed to build capacity of GOU for sustainability.*

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	500,000
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## TBD Details

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

<b>Mechanism ID:</b>	14235		
<b>Mechanism Name:</b>	NGO Support for SI Activities		
<b>Prime Partner Name:</b>	International HIV/AIDS Alliance		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	500,000	0

### Narrative:

*The activities under this project will be coordinated through the M&E working group chaired by the Ukrainian AIDS Center. The new NGO-SI project will focus on strengthening MARPS SI data and capacity, especially in GoU, and operationalizing developed M&E approaches at the regional level by:*

- 1. Strengthening MARPS SI data and increasing capacity of GOU institutions in MARPs SI data activities: the project will support the national M&E plan through supporting and coordinating additional data collection activities, such as bridge group surveys, and through performing program evaluations in the highest priority areas. To ensure complementariness of data collection proposed under this project, a series of consultations among stakeholders will be carried out at the initial phase to develop the combined research plan and identify gaps to be covered by PEPFAR funds.*
- 2. improving data quality control and data management: the project activities will provide support to national capacity building to collect, manage, analyze and use data. Under Objective 2, the project will will support the broader technical program areas for monitoring, evaluation and surveys. Since quality control procedures are not part of the existing GF Rd10 research plan, activities planned for FY12 include trainings on quality control for staff involved in data collection in behavioral studies and routine surveillance and treatment monitoring*
- 3. linking and increasing capacity of national and regional M&E bodies/decision-makers and increase their capacity to generate, understand and use data. These will also include trainings for regional M&E specialists and*



*HIV coordination councils on population size estimation for high-risk groups and extrapolation of the national estimates. This would allow for more evidence-based planning of coverage and scope of prevention or treatment activities, including harm reduction, ART, and MAT.*

*The new NGO-SI mechanism will contribute to the achievement of all three of the goals of Ukraine's Partnership Framework goals: directly to goals 3 (strengthened national and local ability to achieve National AIDS Program objectives); and indirectly to goals 2 (improved quality and cost effectiveness of HIV prevention, care, and treatment services for MARPs) and 1 of (reduction of HIV transmission among MARPs).*

**Implementing Mechanism Details**

<b>Mechanism ID: 14247</b>	<b>Mechanism Name: Follow on Procurement and Supply Management project</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:

<b>Total Funding: 1,500,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	1,500,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

*USAID support to the follow on procurement supply management (PSM) project aims to increase the availability and use of quality-assured and effective HIV/AIDS and anti-TB medication. Strengthening pharmaceutical management systems includes assistance to the public sector to improve information systems for TB case management, especially for MDR-TB and for overall management of TB medication as well as information systems for HIV/AIDS programs. The program will improve governance of the pharmaceutical sector by strengthening policies, structures, systems, and help clarify roles and responsibilities and enhance accountability for the procurement and supply of drugs and related commodities. Activities cover all 27 regions of Ukraine targeting*



health care professionals providing TB and HIV/AIDS services and government officials responsible for decision-making and implementation of drug management policies. At the national level, SPS will continue to build the capacity of the National TB Center and UAC. The project will assist counterparts to assess resource gaps in capacity and implementation in each oblast and mobilize resources in collaboration with other partners to address them. The project focuses on systematically improving the skills of health facility and oblast level staff in managing TB medication. SPS will adapt existing training materials to facilitate development and adoption of standardized, efficient procedures to improve management of medication and other commodities. The program's strategy to become more cost efficient envisions oblast-level training to emphasize supply chain monitoring and supervision, use of standard operating procedures, and building sustainability and local capacity to implement best drug management practices with less donor support.

### Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,000,000
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### TBD Details

(No data provided.)

### Key Issues

TB

### Budget Code Information

<b>Mechanism ID:</b>	14247		
<b>Mechanism Name:</b>	Follow on Procurement and Supply Management project		
<b>Prime Partner Name:</b>	Management Sciences for Health		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Governance and Systems	HVSI	500,000	0

**Narrative:**

*The E-TB Manager system is designed for the effective management of medicines for TB and HIV/AIDS programs. The system provides timely, accurate information to guide selection, quantification, procurement, distribution, and use of those medicines and other commodities. When combined with a system for recording and reporting on patient case management, E-TB Manager provides an integrated approach to improving program and pharmaceutical management and to improving outcomes.*

*The program will work to expand implementation of the E-TB Manager to the oblast and facility levels to ensure adequate information related to TB case management and product availability. The follow on PSM project will continue with the adaptation and introduction of the E-TB Manager program in Ukraine and will work closely with the National TB Center and the National Committee on HIV/AIDS, TB, and Other Socially Dangerous Diseases to identify key oblast representatives and to obtain commitment from oblast authorities for its successful implementation. The project will monitor implementation of the E-TB Manager, and share this information with counterparts at oblast and national levels, and with USAID and other implementing partners. The project will provide technical assistance in data analysis and reporting, and use of pharmaceutical management information for decision-making.*

*The program will improve existing HIV/AIDS pharmaceutical management information resources and develop recommendations for strengthening information systems to support effective pharmaceutical management of HIV/AIDS. A well-functioning pharmaceutical management information system (PMIS) is critical to assuring medicine availability and for monitoring rational use, especially for TB and HIV/AIDS services where the interrupted supply of medicines and their irrational use can have major consequences, such as treatment failure and development of resistance. The program will strengthen the PMIS to capture dispensing data to track use of ART-related medicines, adverse drug reactions and other data and will work with partners to develop and implement a design and action plan for a comprehensive and integrated PMIS system.*

*Results of the existing HIV/AIDS pharmaceutical management information resources, and its potential for integration with other systems, will serve as a basis support for the Ukrainian AIDS Center and other key stakeholders assistance will help to develop approaches and interventions to strengthen data collection, analysis, interpretation and use that enables evidence-based decision making for managing ART services and ARV medicine management at all levels of health system.*

*Training and technical assistance will be provided to oblast-level target sites that regularly use the E-TB software tool to routinely collect and report pharmaceutical management information system data.*

<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Governance and	OHSS	1,000,000	0



Systems			
<b>Narrative:</b>			
<p><i>In collaboration with WHO and the Global Fund, the follow on procurement and supply management (PSM) project will work with all relevant stakeholders and civil society to develop and implement interventions to address public sector pharmaceutical management policy and regulations related to HIV/AIDS and TB medicines selection, availability, quality and safety, and rational use. These efforts will be cross-cutting, with application to other essential medicines, including reproductive health commodities, or those required for maternal and child health.</i></p>			
<p><i>The program will add to and complement the GOU and the Global Fund TB and HIV/AIDS programs to support Pharmaceutical Management Information System strengthening. The program will build local capacity of the TB and HIV/AIDS national programs to manage the quality, completeness and timeliness of data collection to improve TB and HIV/AIDS supply management, including supply planning, procurement and distribution. The project will develop recommendations to promote rational use of drugs and implement appropriate case management including prescribing and dispensing practices and monitoring of adherence to internationally accepted standards for treatment. In addition, the project will continue with the development of Ukraine's pharmacovigilance system, including an indicator-based assessment tool (IPAT) thta will be used to conducte a diagnostic assessment of medicines safety systems and track Ukraine progress. The project will work with the MOH to ensure that the tool will support evidence-based options analysis and development of relevant and feasible recommendations reflecting Ukraine's realities, existing regulatory capacity and priorities, identified system gaps, and resource availability.</i></p>			
<p><i>The project will provide technical assistance in developing of appropriate pharmaceutical management policies to help assure TB and HIV/AIDS medicines quality and safety, and will assist the GOU to establish a system for ongoing review and updating of standard treatment guidelines (STGs) for TB and HIV/AIDS. On-going support will be provided to PSM Working Group to identify and develop solutions to pharmaceutical management challenges in TB and HIV/AIDS. The program interventions will also include training on supply chain management for TB and HIV medicines and other health commodities, including TB and HIV/AIDS quantification and development of adequate distribution plans.</i></p>			

### Implementing Mechanism Details

<b>Mechanism ID: 14251</b>	<b>Mechanism Name: MEASURE EVALUATION PHASE III</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: University of North Carolina at Chapel Hill, Carolina Population Center	
Agreement Start Date: Redacted	Agreement End Date: Redacted



TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:
<b>Total Funding: 0</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-USAID	0

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

*By strengthening USG-supported for strategic information systems, and promoting improved use of data in planning, managing and monitoring programs, Measure’s technical assistance directly contributes to the achievement of PEPFAR goals by building stronger host country systems. Assistance is aligned with Ukraine’s Partnership Framework Goal Three, to "Strengthen National and Local Leadership, Capacity, Institutions, Systems, Policies and Resources to Support the Achievement of National AIDS Program Objectives".*

*In FY 2012, Measure Evaluation Phase III will continue to provide technical assistance initiated in previous years to strengthen the accurate and timely collection, analysis, reporting, and use of strategic information within the USG PEPFAR team, USG implementing partners, and the Government of Ukraine (GOU). An FY 2011 data quality audit found nearly no deficiencies in the audited PEPFAR New Generation indicators with implementing partners. USG would like to conduct another data quality audit in FY 2012 to ensure continued data quality and to work with the partners who receive new awards. Moving forward, Measure will work with USG SI teams to align Performance Monitoring Plans with PEPFAR Next Generation Indicator requirements; provide technical assistance to USG and implementing partner staff to improve the quality of data collection , data analysis, monitoring and evaluation. With a new Strategic HIV and Health Information Project Management Specialist on the USG team, FY 2012 funding will also support targeted technical assistance to build the capacity of the USG team to analyze information for PEPFAR planning and reporting purposes and ensure quality reporting.*

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**TBD Details**

Approved



(No data provided.)

### Key Issues

TB

### Budget Code Information

<b>Mechanism ID:</b>	14251		
<b>Mechanism Name:</b>	MEASURE EVALUATION PHASE III		
<b>Prime Partner Name:</b>	University of North Carolina at Chapel Hill, Carolina Population Center		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Governance and Systems	HVSI	0	0

**Narrative:**

*With FY 2012 funding, Measure will provide technical assistance and training to strengthen strategic information capacity within the Government of Ukraine (GOU), USG, and implementing partners.*

*In FY 2012, a data quality audit with partners will be undertaken. In addition, Measure may work on supporting implementing partners on a routine data quality assessment tool that partners can share with local organizations and other sub-partners to improve data quality. Measure will create a technical assistance plan to help build long term capacity in data quality, monitoring, and reporting. Part of this activity will include training for USG Ukraine staff and implementing partners on PEPFAR indicator requirements, program planning, and reporting.*

### Implementing Mechanism Details

<b>Mechanism ID: 14252</b>	<b>Mechanism Name: GMS Follow-on support to GF grant implementation in Ukraine</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Management Sciences for Health	



Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:

<b>Total Funding: 0</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	0

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

*The field support mechanism, Grant Management Solutions (GMS) follow-on project will provide short-term management-related technical assistance to the Ukrainian State AIDS Center (UAC), the principle recipient (PR) for the Global Fund Round 10 HIV Grant. This assistance will support organizational development and strengthen UAC's ability to set up the national M&E system. The GMS team will also support UAC's work to implement ART clinical management. A recent Global Fund-supported assessment identified gaps in the ability of UAC to meet the full requirements of a PR, including meeting international standards in procurement and supply chain management, as one of challenges facing the successful implementation of the Rd 10 grant.*

*Initial technical support to UAC to become a PR was provided by GMS before the grant signature. The GMS follow-on Project 's technical assistance directly contributes to the achievement of the Partnership Framework goal of strengthening national and local leadership, capacity, institutions, systems, policies and resources to support the achievement of national AIDS Program objectives. It also contributes to the USG's GHI strategy, which emphasizes health systems strengthening to improve the quality of HIV services and support national, regional, and local leadership in health care.*

### Cross-Cutting Budget Attribution(s)

(No data provided.)

### TBD Details

(No data provided.)



## Key Issues

(No data provided.)

## Budget Code Information

<b>Mechanism ID:</b>	14252		
<b>Mechanism Name:</b>	GMS Follow-on support to GF grant implementation in Ukraine		
<b>Prime Partner Name:</b>	Management Sciences for Health		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Governance and Systems	OHSS	0	0

### Narrative:

*This field support technical assistance will build on TA provided to UAC preparing for Global Fund Principal Recipient Assessment in July-Aug 2011. GMS also supported initial capacity building in the establishment of minimum required program and financial management systems in UAC. In collaboration with the USAID-funded USCP/Futures project and with FY 2012 funds, the follow-on to GMS Project will provide short-term technical assistance to UAC in the first 6 to 9 months after GF Grant is signed.*

*Before signing the GF Grant in Dec 2011, UAC will receive short-term technical assistance from USG/Ukraine that includes: a) technical assistance via current USAID HIV Service Capacity Project (USCP) to support the development of an international treaty between the GoU and Global Fund (upon which UAC will be able to implement the grant without delays and operational obstacles); b) via USCP - facilitate the necessary changes into the existing Cabinet of Minister's Resolution on International TA to include "Global Fund" and address other issues, incl. financial transfers, UAC compensation and retention, taxes, implementation of MAT; and c) via the Strengthening Pharmaceutical Systems (SPS) project, support addressing critical issues around procurement and supply chain management. Technical support to UAC, through the Grant Management System mechanism, will include assistance in implementing Round 10 operational plans, conducting sub-recipient assessments and capacity building. Main activities include the set-up of new management and reporting structures, operational manuals, recruiting and training key project staff in program and sub-recipients management, financial management and donor reporting. Technical assistance in procurement and supply management will include ARV and OI drugs forecasting and quantification and stock management to support treatment for Round 10 in Phase1 (2012-2013). UAC is expected to assume the entire Round 10 procurement and supply chain management function during Round 10 phase 2 (2014-2016).*



*GMS Follow-on Project will collaborate and coordinate closely with USG, the Global Fund, other donor organizations, and key stakeholders throughout the project.*

### Implementing Mechanism Details

<b>Mechanism ID: 14253</b>	<b>TBD: Yes</b>
<b>REDACTED</b>	

### Implementing Mechanism Details

<b>Mechanism ID: 14254</b>	<b>TBD: Yes</b>
<b>REDACTED</b>	

### Implementing Mechanism Details

<b>Mechanism ID: 14255</b>	<b>Mechanism Name: Support to ART provision</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: All Ukrainian Network of People Living with HIV/AIDS	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: Both	
G2G: No	Managing Agency:
<b>Total Funding: 852,500</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	852,500

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

*ART in Ukraine has expanded rapidly but not met demand. In Jul 2011, >8000 patients were on waiting lists. In*



2012, the GOU will procure more ART, but the system suffers from poor monitoring/planning of patients, especially those in need of and on ART. Public estimates of ART supply have been unreliable; patient reports demonstrated drug shortages and near stockouts. OIs are inadequately monitored and OI medications not well covered in GOU/GF procurements. The goal is to increase efficiency of the national ART system (coordinated with USAID supply chain mechanism) through:

Improvement of ART clinical monitoring to decrease burden, streamline reporting and increase data quality; Building capacity of paper/electronic systems for clinical tracking, and of providers for resource planning, ART need assessment, ARV management, and analysis of ART data to improve treatment; Operationalization of drug resistance monitoring piloted in GF Rd6; Monitoring ART supply through surveys (patients and +/- facilities); assess possibility to procure limited ART medications in case of stock-outs; Improved monitoring of OIs; limited provision of CTX and OI medications not in procurement plans; The focus will be on building capacity of providers and health administrators to sustain enhanced practices and institutionalization of improved procedures by clinical protocols and/or legislative acts. The project will develop an M&E plan with indicators for objectives (people reached with services; providers with capacity building activities; and institutions involved in improved services). The project contributes to goals 2 and 3 of Ukraine's Partnership Framework: improved quality/cost effectiveness of HIV services for MARPs, and strengthened national/local ability to achieve AIDS Program objectives.

### Cross-Cutting Budget Attribution(s)

Human Resources for Health	150,000
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### TBD Details

(No data provided.)

### Key Issues

(No data provided.)

### Budget Code Information

Mechanism ID: 14255
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<b>Mechanism Name:</b>	<b>Support to ART provision</b>		
<b>Prime Partner Name:</b>	<b>All Ukrainian Network of People Living with HIV/AIDS</b>		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Treatment	HTXS	852,500	0

**Narrative:**

*The expanding ART provision system needs to continue rapid expansion to meet anticipated demand but the system is suffering from inefficient monitoring of patients in care and those on treatment, poor planning on the regional and national level, lack of flexibility to reallocate drugs to the most-in-need. GoU is now covering the vast majority of the patients on ART and a significant increase is planned for the next year. The proposed mechanism will competitively award funding to support an NGO to work with government treatment sites and PLWHA to improve clinical monitoring and ART planning and provision in coordination with the USAID ARV supply chain mechanism. The NGO will be selected on the basis of experience supporting ART provision in Ukraine. The project goal will be to increase the efficiency of the national ART provision system through the following objectives:*

- Improvement of the ART clinical monitoring system to decrease the paperwork burden, streamline the reporting procedures and increase data quality*
- Building capacity of the treatment providers for tracking of patient populations and assessment of treatment need, improved use of paper and electronic systems for resource planning, improved use of clinical treatment data to improve ART practices and ARV management*
- Operationalization of drug resistance monitoring procedures that were piloted during the GF Rd6*
- Monitoring ART needs and adequacy of drug supply independently of government estimates through surveys of patients and possibly facilities on a broad/nationwide basis. Develop a mechanism to allow procurement of limited amounts of ARV medications in case of emergency stock-outs;*
- Improved monitoring of opportunistic infections; procured and pilot improved provision of cotrimoxazole for patients with CD4<200 and improved provision of medications to treat and prevent other opportunistic infections not covered in procurement plans of GOU and GF Rd10*

*A top priority is increasing the capacity of the GoU and regional authorities to accurately assess the treatment need and plan resource allocation. The focus of this mechanism will be building capacity of current and prospective treatment providers and health administrators which will ensure sustainability of the enhanced practices. A special condition for each objective would be the institutionalization of all developed procedures and methods by approving necessary legislative acts and/or clinical protocols.*

*Activities covered by FY12 funds will include assessment of the ART clinical monitoring system (including strengthening of OI monitoring); coordination and assistance in planning of improved paper and electronic monitoring systems development; development of ART need assessment procedures and piloting of the instruments, in-service training of health professionals in rational estimation of current and future treatment needs, the*



*procurement of cotrimoxazole and other OI medications and expansion of cotrimoxazole provision. All activities will be planned and conducted in close coordination with the national ART working group and with other USG mechanisms especially the USAID supply chain partner to ensure coherence with the efforts of other stakeholders and to avoid overlap. The focus on institutionalization of all developed procedures and mechanisms will ensure government ownership and sustainability of the efforts.*

**Implementing Mechanism Details**

<b>Mechanism ID: 16550</b>	<b>TBD: Yes</b>
<b>REDACTED</b>	

**Implementing Mechanism Details**

<b>Mechanism ID: 16558</b>	<b>Mechanism Name: Technical assistance in strengthening prevention and control of TB/HIV and MDR-TB</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Umbrella Agreement
Prime Partner Name: World Health Organization	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:

<b>Total Funding: 250,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	250,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

*During the October 2011 reprogramming cycle, funds were inadvertently moved into CDC's WHO agreement when in fact the intended action was to move funds into USAID's WHO agreement. That prior mistake is being corrected*



*in this August 2012 reprogramming cycle.*

*The program is aimed to decrease TB burden in Ukraine with focus on TB/HIV by providing technical assistance to the Ministry of Health, the recipients of the Global Fund Round 9 TB grant and other partner organizations in implementation of TB/HIV and MDR-TB activities based on WHO guidelines and recommendations.*

*The program will improve TB/HIV collaborative mechanisms by providing support in revision of national TB/HIV guidelines with defined responsibilities of each service; providing support in elaborating national TB/HIV strategic plan; revising cross-training curricula for TB and HIV specialists; improving policy environment among local organizations to implement HIV and TB/HIV activities; providing technical assistance in establishing well-functioning information exchange system between TB and HIV programs; promoting and providing assistance in implementation of integrated services and the 3 Is approach.*

*The program will assist and coordinate countrywide TB drug resistant survey (DRS) through development of survey protocol, training, coordination meetings, procurement of laboratory commodities, transport of commodities and biological samples, monitoring and supervision.*

*The program will improve MDR-TB management through revising and updating National MDR-TB Strategic Plan and providing technical assistance in improving policy for MDR-TB programmatic management; maintaining policy dialogue to ensure uninterrupted free of charge second line drug supply for all drug resistant TB patients; providing techni*

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	20,000
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**TBD Details**

(No data provided.)

**Key Issues**

TB



### Budget Code Information

<b>Mechanism ID:</b>	16558		
<b>Mechanism Name:</b>	Technical assistance in strengthening prevention and control of TB/HIV		
<b>Prime Partner Name:</b>	and MDR-TB World Health Organization		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0
<b>Narrative:</b>			
<p><i>Significant progress has been made in streamlining tuberculosis (TB) control in Ukraine towards international standards. Initial achievements focused on piloting the DOTS Strategy in Donetsk region with support of USAID and WHO were then rolled out to additional 10 oblasts with USAID support. As a result, the Stop TB Strategy including DOTS was endorsed as a country policy through the approval by the Ministry of Health of the National TB Programme 2007-2011.</i></p> <p><i>However, implementation of the Stop TB Strategy in Ukraine remains of low quality and disease indicators fall largely short (59% treatment success rate in 2009) of the global Millennium Development Goals (MDG) targets (85% treatment success rate). Of particular concern are the high levels of MDR-TB (16% and 50% in newly-detected and previously-treated TB cases respectively). While reliable data on extensively drug resistant XDR-TB are unavailable, one study indicates its prevalence around 15% among MDR-TB cases. The overlapping risk factors for TB and HIV have resulted in a steady rise of people living with HIV, among whom TB is leading cause of morbidity and mortality, and HIV-related TB (TB/HIV).</i></p> <p><i>In 2009, 11% of the TB patients reported to WHO were HIV-positive; however, only 86% of the new TB cases notified to WHO knew their HIV status, suggesting that HIV prevalence among TB patients might be higher than as reported above. USAID and WHO have longstanding successful collaboration in Ukraine and, through this project, WHO seeks to reduce a number of critical health systems barriers for prevention, treatment and care of TB/HIV and MDR- TB. All proposed interventions are complementary to USAID-supported activities implemented by other partners, and are built on the experience from previous USAID-supported projects.</i></p> <p><i>For GHCS-USAID Funds: This is a top-up to expand the work being undertaken by WHO.</i></p>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Governance and Systems	OHSS	0	0
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**Narrative:**

*For GHCS-USAID Funds: This is a top-up to expand the work being undertaken by WHO.*

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	250,000	0

**Narrative:**

*During FY 2012, the WHO will continue to support the achievement of goals and benchmarks outlined in new Ukraine's National TB Control Plan, 2011 -2016. Expected results for the National TB Program include decreases in TB morbidity in 5%; decreases in TB mortality rate in 10 %; increase access to high quality DOTS services and provision of quality treatment to MDR TB patients.*

*The focus on FY 2013 activities is on the integration of TB with HIV services. Activities include TB/HIV and HIV testing services, including the development of regional laboratory services and a supporting quality improvement/ quality assurance mentoring program. WHO will assess the implementation of a provider-initiated testing and counseling model in the Zakarpattia oblast. Other activities include the development and testing of a tool to guide services integration, and will be implemented in the oblasts that are implementing health care reform and service integration. WHO will provide assistance in TB/HIV infection control, with operational research on infection control effectiveness to guide the development of national guidelines, and the piloting of models for integrated treatment and care services for HIV-infected pregnant injecting drug users. In addition, WHO will strengthen the capacity of narcological services to deliver HIV prevention services for MARPs, which will include an assessment of narcological services capacity to delivery comprehensive TB/HIV and prevention services for MARPs.*

*All proposed technical assistance is complementary to USAID-supported activities. These include the TB/HIV project that is under procurement, the TBD comprehensive services targeted to MARPs, which is also under procurement, and the HIV Pledge activity implemented by UNODC.*

**Implementing Mechanism Details**

Mechanism ID: 16692	TBD: Yes
REDACTED	

**Implementing Mechanism Details**



<b>Mechanism ID: 16693</b>	<b>TBD: Yes</b>
<b>REDACTED</b>	

### Implementing Mechanism Details

<b>Mechanism ID: 16718</b>	<b>Mechanism Name: UA Triangulation</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of California at San Francisco	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:

<b>Total Funding: 150,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	150,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

*Existing CDC mechanisms currently support a wide range of SI-related activities in Ukraine. Broadly they cover capacity building, infrastructure development, closing knowledge gaps. They also leverage GF funding in SI and are designed to build capacity of GOU for sustainability. However, some specific areas require additional expertise. The proposed project is aimed to cover these needs and address potential technical assistance requests that often come from national partners.*

*Triangulation of available data sources including case registration, epidemiologic surveillance, survey data and others was done in 2010-2012. Continued analysis using this methodology will be useful for better understanding of the epidemic processes. Training of both national and regional level M&E staff in triangulation methodology will also facilitate wider data use for program evaluation and decision making.*

*HIV epidemic modelling has been evolving in Ukraine over the past five years. UCDC has taken charge for this process and results of the latest estimation were endorsed by the National HIV Coordination Council. It is important to support methodologically sound and reliable modelling in Ukraine to inform the HIV response. Proposed mechanism will oversee the forthcoming rounds of modelling and help with data interpretation.*



*A National HIV Research and Evaluation Plan is a tool developed by an existing project to coordinate existing data collection efforts, prioritize knowledge gaps, and plan respective activities. To ensure scientific rigor, all research/evaluation protocols will need to be reviewed and approved. The proposed mechanism will serve as a source of specific technical expertise for reviewing these protocols and data analysis.*

### Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000
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### TBD Details

(No data provided.)

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b> 16718			
<b>Mechanism Name:</b> UA Triangulation			
<b>Prime Partner Name:</b> University of California at San Francisco			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	150,000	0

#### Narrative:

In FY2013, the [UCSF] mechanism will continue providing TA to Ukrainian SI partners, including UCDC, MoH, International HIV/AIDS Alliance.

[UCSF] will oversee the annual HIV epidemic modelling process and assist with data interpretation and publishing. Relevant staff will be trained in epidemiological modelling techniques.

The existing METIDA project, implemented by Alliance, will identify knowledge gaps in HIV area and will initiate data collection to address these gaps. [UCSF] will provide methodological guidance in developing



or reviewing the respective protocols, data analysis and dissemination.

SI capacity building activities implemented by MoH and Alliance through existing mechanism will be strengthened by [UCSF] trainers and experts.

The new [UCSF] mechanism will contribute to the achievement of all three of the goals of Ukraine's Partnership Framework goals: directly to goals 3 (strengthened national and local ability to achieve National AIDS Program objectives); and indirectly to goals 2 (improved quality and cost effectiveness of HIV prevention, care, and treatment services for MARPs) and 1 of (reduction of HIV transmission among MARPs).

All research and training activities will be coordinated through the national M&E working group (which oversees these activities under GF Rd10) to ensure coherence with the efforts of other stakeholders and to avoid overlap.

### Implementing Mechanism Details

<b>Mechanism ID: 16719</b>	<b>TBD: Yes</b>
<b>REDACTED</b>	



## USG Management and Operations

### Assessment of Current and Future Staffing.

Redacted

### Interagency M&O Strategy Narrative.

Redacted

### USG Office Space and Housing Renovation.

Redacted

## Agency Information - Costs of Doing Business

### U.S. Agency for International Development

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Computers/IT Services		39,600		39,600
ICASS		127,406		127,406
Management Meetings/Professional Development		11,000		11,000
Non-ICASS Administrative Costs		170,000		170,000
Staff Program Travel		21,000		21,000
USG Staff Salaries and Benefits		130,994		130,994
<b>Total</b>	<b>0</b>	<b>500,000</b>	<b>0</b>	<b>500,000</b>

### U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-State		39,600
ICASS		GHP-State		127,406
Management Meetings/Professional Development		GHP-State		11,000
Non-ICASS Administrative Costs		GHP-State		170,000



### U.S. Department of Defense

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
ICASS		800		800
Institutional Contractors		10,000		10,000
Non-ICASS Administrative Costs		2,200		2,200
Staff Program Travel		15,000		15,000
<b>Total</b>	<b>0</b>	<b>28,000</b>	<b>0</b>	<b>28,000</b>

### U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHP-State		800
Non-ICASS Administrative Costs		GHP-State		2,200

### U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Capital Security Cost Sharing	60,240			60,240
Computers/IT Services	30,700			30,700
ICASS	154,588			154,588
Management Meetings/Professional Development	53,000			53,000
Non-ICASS Administrative Costs	64,292			64,292
Staff Program Travel	136,973	0		136,973



USG Staff Salaries and Benefits	137,644	262,563		400,207
<b>Total</b>	<b>637,437</b>	<b>262,563</b>	<b>0</b>	<b>900,000</b>

### U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GAP		60,240
Computers/IT Services		GAP		30,700
ICASS		GAP		154,588
Management Meetings/Professional Development		GAP		53,000
Non-ICASS Administrative Costs		GAP		64,292

### U.S. Peace Corps

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Computers/IT Services		600		600
Management Meetings/Professional Development		7,522		7,522
Non-ICASS Administrative Costs		9,633		9,633
Peace Corps Volunteer Costs		161,536		161,536
Staff Program Travel		13,048		13,048
USG Staff Salaries and Benefits		116,248		116,248
<b>Total</b>	<b>0</b>	<b>308,587</b>	<b>0</b>	<b>308,587</b>

Approved



### U.S. Peace Corps Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-State		600
Management Meetings/Professional Development		GHP-State		7,522
Non-ICASS Administrative Costs		GHP-State		9,633